

<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>▶ 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; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST</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>FIRST BUSEY CORPORATION</u></p> <p><u>115 NORTH NEIL STREET 4TH FL/HR</u> <u>CHAMPAIGN, IL 61820</u></p>	<p>1c Effective date of plan <u>01/01/1984</u></p> <p>2b Employer Identification Number (EIN) <u>37-1078406</u></p> <p>2c Plan Sponsor's telephone number <u>217-351-8208</u></p> <p>2d Business code (see instructions) <u>522110</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.	07/18/2025	JENNIFER PEDERSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2059
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)	1497
	6a(2)	1521
	6b	0
	6c	543
	6d	2064
	6e	3
	6f	2067
	6g(1)	1836
	6g(2)	1843
h	6h	71
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 FIRST BUSEY CORPORATION	D Employer Identification Number (EIN) 37-1078406	

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

CHARLES SCHWAB INVESTMENT MGMT INC.

94-3106735

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

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

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

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

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

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

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

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

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

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

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

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)

EPIC RETIREMENT PLAN SERVICES

16-1450952

(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?
15 37 38	NONE	370541	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BENEFIT PLANNING CONSULTANTS

36-3036100

(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	NONE	10015	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)

CHARLES SCHWAB TRUST BANK

82-3967259

(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 62	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	31364	Yes <input type="checkbox"/> No <input checked="" 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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BUSEY BANK

37-0613731

(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	NONE	9272	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
CHARLES SCHWAB TRUST BANK	19 62	31364
(d) Enter name and EIN (address) of source of indirect compensation EPIC RETIREMENT PLAN SERVICES 16-1450952	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. CUSTODIAN FEES	
(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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 FIRST BUSEY CORPORATION	D Employer Identification Number (EIN) 37-1078406

Part I	Asset and Liability Statement
---------------	--------------------------------------

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
a Total noninterest-bearing cash	1a	126153	21855
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3030000	3378294
(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)	7120431	6344760
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	1973966	2496253
(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)	224658335	246498654
(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)	10668941	9423721
(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	247577826	268163537
Liabilities			
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		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	247577826	268163537

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)	7566736	
(B) Participants.....	2a(1)(B)	8966677	
(C) Others (including rollovers).....	2a(1)(C)	6469845	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		23003258
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	117114	
(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)	189118	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		306232
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8118501	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		8118501
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		22386836
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		53814827

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	32834004	
(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)		32834004
f Corrective distributions (see instructions)	2f		5285
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)	370540	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	19287	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		389827
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		33229116

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20585711
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: **FGMK, LLC**

(2) EIN: **36-2929601**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9417
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FIRST BUSEY CORPORATION</u>	D Employer Identification Number (EIN) <u>37-1078406</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	
---	--

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): 82-3967259

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703383A.

**FIRST BUSEY CORPORATION
PROFIT SHARING PLAN AND TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**FIRST BUSEY CORPORATION
PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Table of Contents

<u>INDEPENDENT AUDITOR'S REPORT</u>	<u>3</u>
<u>FINANCIAL STATEMENTS</u>	<u>5</u>
<u>STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>5</u>
<u>STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>6</u>
<u>NOTES TO FINANCIAL STATEMENTS</u>	<u>7</u>
<u>Note 1. Plan Description</u>	<u>7</u>
<u>Note 2. Significant Accounting Policies</u>	<u>9</u>
<u>Note 3. Fair Value Measurements</u>	<u>11</u>
<u>Note 4. Party-in-Interest Transactions</u>	<u>12</u>
<u>Note 5. Income Tax Status</u>	<u>13</u>
<u>Note 6. Plan Termination</u>	<u>13</u>
<u>Note 7. Recent Legislation</u>	<u>14</u>
<u>SUPPLEMENTAL SCHEDULE</u>	<u>15</u>
<u>FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)</u>	<u>16</u>
<u>FORM 5500, SCHEDULE H, LINE 4a-SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS</u>	<u>22</u>

INDEPENDENT AUDITOR'S REPORT

To the Members of Employee Benefits and Compensation Committee and Plan Participants
First Busey Corporation Profit Sharing Plan and Trust
Champaign, Illinois

Opinion

We have audited the accompanying financial statements of First Busey Corporation Profit Sharing Plan and Trust, 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 December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the year ended December 31, 2024, 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 First Busey Corporation Profit Sharing Plan and Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 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. 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 First Busey Corporation Profit Sharing Plan and Trust 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 First Busey Corporation Profit Sharing Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 First Busey Corporation Profit Sharing Plan and Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about First Busey Corporation Profit Sharing Plan and Trust'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 Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

FGMK, LLC

Bannockburn, Illinois
June 27, 2025

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	As of December 31,	
	2024	2023
ASSETS		
Participant directed investments, at fair value	\$ 262,267,135	\$ 242,447,705
Cash	21,855	126,153
Receivables:		
Employers' contributions	3,378,294	3,030,000
Notes receivable from participants	2,496,253	1,973,968
Total receivables	5,874,547	5,003,968
NET ASSETS AVAILABLE FOR BENEFITS	\$ 268,163,537	\$ 247,577,826

See accompanying notes to financial statements.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024**

ADDITIONS TO NET ASSETS	
Investment income:	
Net appreciation in fair value of investments	\$ 22,386,836
Interest and dividends on investments	8,235,615
Total investment income	<u>30,622,451</u>
Interest from notes receivable from participants	189,118
Contributions:	
Employers	7,566,736
Participants	8,966,677
Participant rollovers	6,469,845
Total contributions	<u>23,003,258</u>
Total additions	<u>53,814,827</u>
DEDUCTIONS FROM NET ASSETS	
Benefits paid to participants	32,839,289
Administrative expenses	389,827
Total deductions	<u>33,229,116</u>
NET INCREASE	20,585,711
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	\$ 247,577,826
End of year	<u><u>\$ 268,163,537</u></u>

See accompanying notes to financial statements.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1. PLAN DESCRIPTION

The following description of the First Busey Corporation Profit Sharing Plan and Trust ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of First Busey Corporation and its subsidiaries ("the Employers" or "the Company"). Employees are eligible at age 21 to make salary deferrals and receive matching contributions. Employees are eligible for the discretionary employer profit sharing contribution at age 21 and after completion of one year of service and working 1,000 hours. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On April 1, 2024, the Company completed its acquisition of Merchants & Manufacturers (M&M) Bank. M&M elected to terminate the Merchants and Manufacturers Bank 401(k) Plan as of the closing date, subject to the provisions of ERISA and implement a plan liquidation. Participants had the option to roll their account balances into the First Busey Corporation Profit sharing Plan and Trust, receive a payment of their benefits or elect to rollover the balance to another qualified plan or individual retirement account.

The Plan's assets are administered under an agreement with Busey Bank, the trustee of the Plan. Charles Schwab (the "Custodian") serves as the custodian of the Plan's assets.

Contributions

Each year, participants may contribute a percentage and or a flat dollar amount of their pretax and after tax annual compensation, as defined in the Plan, subject to limitations of the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified plans. Eligible participants may also make catch-up contributions to the Plan.

The Employers' contributions to the Plan are determined annually by the Board of Directors. The Employers make safe harbor matching contributions to the Plan equal to a percentage of the first 5% (100% on the first 3% and 50% on the next 2%) of total eligible compensation that a participant contributes to the Plan. The Employers may also make a discretionary profit sharing contribution as determined by the Board of Directors each year. For the year ended December 31, 2024, the Employer made a profit sharing contribution of approximately 3% of eligible compensation. Contributions are subject to certain limitations.

This information is an integral part of the accompanying financial statements.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Investment Options

Participants may direct the investment of their account balances into the various investment options offered by the Plan, which include a First Busey Corporation Stock Fund.

The Investment Committee determines the appropriateness of the Plan's investment offerings by monitoring investment performance and making recommendations to the Employee Benefit and Compensation Committee.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of the Employers' contributions and the Plan's earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings, participant contributions, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Any discretionary profit sharing contributions will be allocated to the Plan in the following year.

Vesting

Participants are immediately vested in their voluntary contributions, the Employers' safe harbor matching contributions, rollover contributions and the respective plan earnings on those contributions.

Vesting in the Employers' profit sharing contributions portion of their accounts is based on years of service. A participant is 100% vested after five years of credited service. A participant is 100% vested upon reaching normal retirement age, death, or disability regardless of years of service.

Notes Receivable from Participants

The Plan provides loans to participants from their vested account balance up to \$50,000, subject to a limitation of 50% of their vested account balance. Interest is charged on the loans and is fixed at the time of issuance at a rate of prime (7.50% as of December 31, 2024) plus 1.00%. Interest payments are immediately reinvested in the individual participant's funds. The loans are collateralized by the vested account balance of the participant receiving the loan. Participants may have no more than two loans outstanding at any time. Loans are repayable in periods up to five years, or ten years if entire loan proceeds are used to acquire a principal residence. Should a participant default on a Plan loan, as defined by the Plan loan policy, the loan would then be considered a distribution.

This information is an integral part of the accompanying financial statements.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Payment of Benefits

During employment, distributions are allowed upon age 59½ or due to financial hardship. Upon termination of service, a participant is entitled to receive an amount representing the vested interest in their account. Participants whose vested account balance, excluding rollover, is under \$7,000 are paid their entire balance, through a single lump sum amount or a rollover into an IRA. Participants whose vested account balance, excluding rollover, is over \$7,000 may elect to receive their payment, including rollover, either as a lump-sum amount, partial withdrawal or if eligible, a required minimum distribution.

Forfeitures

The unvested portion of terminated participants' accounts plus earnings thereon are forfeited. Forfeitures are used to reduce non-elective employer contributions or to pay Plan expenses. During the year ended December 31, 2024, forfeitures of \$70,613 were used to pay Plan expenses. Forfeitures for unvested account balances as of December 31, 2024 and 2023, were \$10,138 and \$16,851 respectively.

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting, a method in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates and Assumptions

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts and disclosures. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at estimated fair value. Fair value is defined as 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 Employee Benefit and Compensation Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee, and collective fund managers. See "[Note 3. Fair Value Measurements](#)" for further 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.

This information is an integral part of the accompanying financial statements.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Payment of Benefits

Benefits are recorded when paid.

Expenses

Expenses of maintaining the Plan were deducted from the Plan assets. Fees related to the administration of notes receivable from participants and fees related to Qualified Domestic Relations Orders are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Concentration

As of December 31, 2024 and 2023, approximately 4% of the Plan's investment assets were invested in First Busey Corporation, the Employers common stock.

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 December 31, 2024 and 2023. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Risks and Uncertainties

The Plan provides for various investment options. The underlying 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through the date that the financial statements were issued. On March 1, 2025, the Company completed its acquisition of CrossFirst Bankshares, Inc. As of the acquisition date, the acquired employees are eligible and may begin participating in the Plan immediately. These participants have the option to roll their account balances into the First Busey Corporation Profit Sharing Plan and Trust, receive a payment of their benefits or elect to rollover the balance to another qualified plan or individual retirement account.

This information is an integral part of the accompanying financial statements.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3. 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 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 at the measurement date.
- 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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

There have been no changes in the valuation methodologies used as of December 31, 2024 and 2023. Following is a description of the valuation methodologies used for assets measured at fair value:

- Mutual funds—Valued at the closing price reported on the active market on which the individual securities are traded.
- Stock fund—Valued at a "unitized" value which moves in nearly direct relationship to First Busey Corporation stock, which is on the active market on which that security is traded.

This information is an integral part of the accompanying financial statements.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

- Managed funds—Investments in the managed accounts, which comprised of mutual funds, are valued using a readily determinable fair value, which approximates NAV which are based on observable market prices for the underlying assets, held by the plan at year-end. The managed funds are not direct filing entities and the Plan owns the underlying assets of the funds.
- Common stock—Valued at the closing price reported on the active market on which the individual securities are traded.
- Money Market Deposit Account—Valued at the fair value of the units held by the Plan at year end. Fair value is equal to \$1.00, and individual participant accounts are Federal Deposit Insurance Corporation (“FDIC”)-insured up to \$250,000.

The following tables set forth, by level within the fair value hierarchy, the Plan’s assets at fair value:

	As of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 176,646,506	\$ —	\$ —	\$ 176,646,506
Managed funds—mutual funds	69,852,148	—	—	69,852,148
Common stock and stock fund	9,423,721	—	—	9,423,721
Money Market deposit account	6,344,760	—	—	6,344,760
Total assets at fair value	\$ 262,267,135	\$ —	\$ —	\$ 262,267,135

	As of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 161,861,904	\$ —	\$ —	\$ 161,861,904
Managed funds—mutual funds	62,796,430	—	—	62,796,430
Common stock and stock fund	10,668,940	—	—	10,668,940
Money Market deposit account	7,120,431	—	—	7,120,431
Total assets at fair value	\$ 242,447,705	\$ —	\$ —	\$ 242,447,705

NOTE 4. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employers, and certain others. Fees related to the administration of notes receivable from participants and fees related to Qualified Domestic Relations Orders are paid to parties-in-interest. Other fees to parties-in-interest were paid from revenue sharing and plan assets.

This information is an integral part of the accompanying financial statements.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

The Plan held the following assets with parties-in-interest:

Party-in-Interest	Description of Investment	As of December 31,	
		2024	2023
Charles Schwab Bank	Cash	\$ 21,855	\$ 126,153
Charles Schwab Bank	Money Market deposit account	2,945	7,120,431
Charles Schwab Bank	Schwab Value Advantage Money Fund	6,341,815	—
First Busey Corporation	Common stock	610,675	703,597
First Busey Corporation	Stock fund	8,813,046	9,965,343
First Busey Corporation	Managed funds	69,852,148	62,796,430
Participants	Notes receivable	2,496,253	1,973,968

Certain administrative functions are performed by officers or employees of the Employers. No such officer or employee receives compensation from the Plan.

NOTE 5. INCOME TAX STATUS

The Employer has adopted a pre-approved plan designed by EPIC Advisors Inc. The Internal Revenue Service (“IRS”) has determined and informed EPIC Advisors Inc by a letter dated June 30, 2020, that the pre-approved plan is designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan has not requested its own determination letter from the IRS. 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 provisions of the IRC. Therefore, no provision for income taxes is included in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization 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 December 31, 2024 and 2023, there are 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.

NOTE 6. PLAN TERMINATION

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

This information is an integral part of the accompanying financial statements.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 7. RECENT LEGISLATION

The SECURE Act 2.0 was signed into law on December 23, 2022. The SECURE Act 2.0 allows more part-time workers to participate, increases the age for required minimum distributions and reduces the penalty for missed minimum distributions, permits plan participants to elect to receive vested employer contributions on an after-tax basis, and allows penalty free withdrawal for terminal illness, effective January 1, 2023. Additionally, it will allow for higher catch-up contributions, allow for matching contributions on student loan payments, permit plan sponsors to add an emergency savings account to their retirement plans, increase the availability of penalty-free withdrawals, and add automatic enrollment error relief provisions, effective January 1, 2024. Many of the provisions in SECURE 2.0 went effective in 2023, but SECURE 2.0 will not be completely implemented until 2027.

This information is an integral part of the accompanying financial statements.

SUPPLEMENTAL SCHEDULE

[Table of Contents](#)

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

Name of Plan Sponsor: First Busey Corporation
Employer Identification: 37-1078406
Three-digit Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common stock and stock fund:				
*	First Busey Corporation	Stock fund	†	\$ 8,813,046
*	First Busey Corporation	Common stock	†	610,675
				\$ 9,423,721
Mutual funds:				
	American Century	Mid Cap Value Fund	†	\$ 472,193
	American Funds	The Growth Fund of America	†	22,405,111
	American Funds	The Income Fund of America	†	5,619,694
	American Funds	Euro Pacific Growth Fund	†	1,100,392
	AQR	Emerging Multi-Style II	†	1,884,333
	Congress	Mid Cap Growth Fund	†	4,723,625
	DFA	US Targeted Value Portfolio	†	3,945,420
	Dodge and Cox	Dodge and Cox Stock Fund	†	8,694,825
	DoubleLine	Core Fixed Income Fund	†	9,176,784
	Federated Hermes	Ultrashort Bond Fund	†	2,083,779
	GMO	Trust International Developed Equity Allocation	†	8,368,475
	T. Rowe Price	Retirement Fund 2010	†	43,206
	T. Rowe Price	Retirement Fund 2015	†	2,383
	T. Rowe Price	Retirement Fund 2020	†	6,737,296
	T. Rowe Price	Retirement Fund 2025	†	1,905,748
	T. Rowe Price	Retirement Fund 2030	†	23,875,139
	T. Rowe Price	Retirement Fund 2035	†	3,687,931
	T. Rowe Price	Retirement Fund 2040	†	14,628,609
	T. Rowe Price	Retirement Fund 2045	†	4,411,948
	T. Rowe Price	Retirement Fund 2050	†	11,322,699

See accompanying Independent Auditor's Report.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	T. Rowe Price	Retirement Fund 2055	†	1,449,850
	T. Rowe Price	Retirement Fund 2060	†	4,339,703
	T. Rowe Price	Retirement Fund 2065	†	758,682
	Vanguard	500 Index Fund	†	31,511,503
	Vanguard	Mid Cap Index Admiral	†	1,491,478
	Vanguard	Small Cap Index Admiral	†	2,005,700
				\$ 176,646,506
Managed funds (see attachment):				
*	First Busey Corporation	Aggressive	†	\$ 15,301,476
*	First Busey Corporation	Balanced	†	25,529,578
*	First Busey Corporation	Conservative	†	2,917,277
*	First Busey Corporation	Growth	†	15,476,160
*	First Busey Corporation	Moderate	†	10,627,657
				\$ 69,852,148
Interest-bearing cash:				
*	Charles Schwab Bank	Money Market Deposit Account	†	\$ 2,945
*	Charles Schwab Bank	Schwab Value Advantage Money Fund		6,341,815
				\$ 6,344,760
Notes receivable from participants:				
*	Participant loans	Interest rates ranging from 3.25% to 9.5% and maturities ranging from January 2025 to September 2034		\$ 2,496,253
				\$ 264,763,388

* Represents a party-in-interest

† Investments are participant-directed; therefore, cost information is not disclosed

See accompanying Independent Auditor's Report.

FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

Aggressive Managed Fund:

American Century Mid Cap Value Fund	\$	538,825
American Funds The Growth Fund of America		2,320,625
American Funds Euro Pacific Growth Fund		1,537,497
AQR Emerging Multi-Style II		521,179
Congress Mid Cap Growth Fund		530,492
DFA Emerging Markets Small Cap		416,311
DFA US Targeted Value Portfolio		230,245
Dodge and Cox International Stock Fund		1,545,091
Dodge and Cox Stock Fund		2,354,753
Fidelity Intermediate Treasury Bond Index		218,395
Stone Ridge High Yield Reinsurance Risk Premium Fund		700,134
Vanguard Emerging Markets Bond Fund Admiral Shares		543,149
Vanguard Short Term Corporate Bond Index Fund		622,474
Vanguard Small Cap Index Admiral		228,473
Vanguard 500 Index Fund		2,328,799
Virtus KAR International Small-Mid Cap Fund		248,005
William Blair Emerging Markets Small Cap Growth Fund		417,029
	\$	15,301,476

Balanced Managed Fund:

American Century Mid Cap Value Fund	\$	512,256
American Funds The Growth Fund of America		2,121,440
American Funds Euro Pacific Growth Fund		1,400,691
AQR Emerging Multi-Style II		430,258
Congress Mid Cap Growth Fund		505,141
DFA Emerging Markets Small Cap		408,157
DFA US Targeted Value Portfolio		204,644
Dodge and Cox International Stock Fund		1,409,555
Dodge and Cox Stock Fund		2,160,902
DoubleLine Core Fixed Income Fund		10,274,976
Fidelity Intermediate Treasury Bond Index		517,502

See accompanying Independent Auditor's Report.

[Table of Contents](#)

FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

Federated Hermes Ultra Short Bond Fund	387,945
Stone Ridge High Yield Reinsurance Risk Premium Fund	775,141
Vanguard Emerging Markets Bond Fund Admiral Shares	644,227
Vanguard Small Cap Index Admiral	202,982
Vanguard Short Term Corporate Bond Index Fund	773,453
Vanguard 500 Index Fund	2,132,042
Virtus KAR International Small-Mid Cap Fund	256,241
William Blair Emerging Markets Small Cap Growth Fund	412,025
	\$ 25,529,578

Conservative Managed Fund:

American Century Mid Cap Value Fund	\$ 29,090
American Funds The Growth Fund of America	105,084
American Funds Euro Pacific Growth Fund	72,438
AQR Emerging Multi-Style II	23,100
Congress Mid Cap Growth Fund	28,722
DFA Emerging Markets Small Cap	23,254
DFA U.S. Targeted Value Portfolio	8,784
Dodge and Cox International Stock Fund	72,898
Dodge and Cox Stock Fund	107,039
DoubleLine Core Fixed Income Fund	1,959,383
Federated Hermes Ultra Short Bond Fund	117,708
Fidelity Intermediate Treasury Bond Index	58,867
Stone Ridge High Yield Reinsurance Risk Premium Fund	58,788
Vanguard Emerging Markets Bond Fund Admiral Shares	29,264
Vanguard Short Term Corporate Bond Index Fund	88,112
Vanguard Small Cap Index Admiral	8,745
Vanguard 500 Index Fund	105,610
William Blair Emerging Markets Small Cap Growth Fund	20,391
	\$ 2,917,277

Growth Managed Fund:

American Century Mid Cap Value Fund	\$ 389,289
-------------------------------------	------------

See accompanying Independent Auditor's Report.

[Table of Contents](#)

FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

American Funds The Growth Fund of America	1,849,543
American Funds Euro Pacific Growth Fund	1,235,321
AQR Emerging Multi-Style II	341,487
Congress Mid Cap Growth Fund	386,679
DFA Emerging Markets Small Cap	342,418
DFA US Targeted Value Portfolio	186,811
Dodge and Cox International Stock Fund	1,240,324
Dodge and Cox Stock Fund	1,864,310
DoubleLine Core Fixed Income Fund	3,087,530
Fidelity Intermediate Treasury Bond Index	217,157
Stone Ridge High Yield Reinsurance Risk Premium Fund	620,438
Vanguard Emerging Markets Bond Fund Admiral Shares	495,885
Vanguard Short Term Corporate Bond Index Fund	620,438
Vanguard Small Cap Index Admiral	186,205
Vanguard 500 Index Fund	1,853,912
Virtus KAR International Small-Mid Cap Fund	217,259
William Blair Emerging Markets Small Cap Growth Fund	341,154
	\$ 15,476,160

Moderate Managed Fund:

American Century Mid Cap Value Fund	\$ 159,446
American Funds The Growth Fund of America	717,669
American Funds Euro Pacific Growth Fund	424,543
AQR Emerging Multi-Style II	137,108
Congress Mid Cap Growth Fund	157,095
DFA Emerging Markets Small Cap	138,105
DFA US Targeted Value Portfolio	63,689
Dodge and Cox International Stock Fund	532,654
Dodge and Cox Stock Fund	728,425
DoubleLine Core Fixed Income Fund	5,337,571
Federated Hermes Ultra Short Bond Fund	322,444
Fidelity Intermediate Treasury Bond Index	150,477
Stone Ridge High Yield Reinsurance Risk Premium Fund	257,696

See accompanying Independent Auditor's Report.

[Table of Contents](#)

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

Vanguard Emerging Markets Bond Fund Admiral Shares	213,914
Vanguard Short Term Corporate Bond Index Fund	257,439
Vanguard Small Cap Index Admiral	63,200
Vanguard 500 Index Fund	720,362
Virtus KAR International Small-Mid Cap Fund	106,764
William Blair Emerging Markets Small Cap Growth Fund	139,056
	\$ 10,627,657
TOTAL MANAGED FUNDS	\$ 69,852,148

See accompanying Independent Auditor's Report.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4a-SCHEDULE OF DELINQUENT PARTICIPANT
CONTRIBUTIONS
DECEMBER 31, 2024**

Year	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
	Check Here if Late Participant Loan Repayments are Included <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2022-51
2024	\$ 9,417	\$ —	\$ 9,417	\$ —	\$ —

See accompanying Independent Auditor's Report.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4a-SCHEDULE OF DELINQUENT PARTICIPANT
CONTRIBUTIONS
DECEMBER 31, 2024**

Year	Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions		
	Check Here if Late Participant Loan Repayments are Included <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2022-51
2024	\$ 9,417	\$ —	\$ 9,417	\$ —	\$ —

See accompanying Independent Auditor's Report.

[Table of Contents](#)

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

Name of Plan Sponsor: First Busey Corporation
Employer Identification: 37-1078406
Three-digit Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common stock and stock fund:				
*	First Busey Corporation	Stock fund	†	\$ 8,813,046
*	First Busey Corporation	Common stock	†	610,675
				\$ 9,423,721
Mutual funds:				
	American Century	Mid Cap Value Fund	†	\$ 472,193
	American Funds	The Growth Fund of America	†	22,405,111
	American Funds	The Income Fund of America	†	5,619,694
	American Funds	Euro Pacific Growth Fund	†	1,100,392
	AQR	Emerging Multi-Style II	†	1,884,333
	Congress	Mid Cap Growth Fund	†	4,723,625
	DFA	US Targeted Value Portfolio	†	3,945,420
	Dodge and Cox	Dodge and Cox Stock Fund	†	8,694,825
	DoubleLine	Core Fixed Income Fund	†	9,176,784
	Federated Hermes	Ultrashort Bond Fund	†	2,083,779
	GMO	Trust International Developed Equity Allocation	†	8,368,475
	T. Rowe Price	Retirement Fund 2010	†	43,206
	T. Rowe Price	Retirement Fund 2015	†	2,383
	T. Rowe Price	Retirement Fund 2020	†	6,737,296
	T. Rowe Price	Retirement Fund 2025	†	1,905,748
	T. Rowe Price	Retirement Fund 2030	†	23,875,139
	T. Rowe Price	Retirement Fund 2035	†	3,687,931
	T. Rowe Price	Retirement Fund 2040	†	14,628,609
	T. Rowe Price	Retirement Fund 2045	†	4,411,948
	T. Rowe Price	Retirement Fund 2050	†	11,322,699

See accompanying Independent Auditor's Report.

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	T. Rowe Price	Retirement Fund 2055	†	1,449,850
	T. Rowe Price	Retirement Fund 2060	†	4,339,703
	T. Rowe Price	Retirement Fund 2065	†	758,682
	Vanguard	500 Index Fund	†	31,511,503
	Vanguard	Mid Cap Index Admiral	†	1,491,478
	Vanguard	Small Cap Index Admiral	†	2,005,700
				\$ 176,646,506
Managed funds (see attachment):				
*	First Busey Corporation	Aggressive	†	\$ 15,301,476
*	First Busey Corporation	Balanced	†	25,529,578
*	First Busey Corporation	Conservative	†	2,917,277
*	First Busey Corporation	Growth	†	15,476,160
*	First Busey Corporation	Moderate	†	10,627,657
				\$ 69,852,148
Interest-bearing cash:				
*	Charles Schwab Bank	Money Market Deposit Account	†	\$ 2,945
*	Charles Schwab Bank	Schwab Value Advantage Money Fund		6,341,815
				\$ 6,344,760
Notes receivable from participants:				
*	Participant loans	Interest rates ranging from 3.25% to 9.5% and maturities ranging from January 2025 to September 2034		\$ 2,496,253
				\$ 264,763,388

* Represents a party-in-interest

† Investments are participant-directed; therefore, cost information is not disclosed

See accompanying Independent Auditor's Report.

FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

Aggressive Managed Fund:

American Century Mid Cap Value Fund	\$	538,825
American Funds The Growth Fund of America		2,320,625
American Funds Euro Pacific Growth Fund		1,537,497
AQR Emerging Multi-Style II		521,179
Congress Mid Cap Growth Fund		530,492
DFA Emerging Markets Small Cap		416,311
DFA US Targeted Value Portfolio		230,245
Dodge and Cox International Stock Fund		1,545,091
Dodge and Cox Stock Fund		2,354,753
Fidelity Intermediate Treasury Bond Index		218,395
Stone Ridge High Yield Reinsurance Risk Premium Fund		700,134
Vanguard Emerging Markets Bond Fund Admiral Shares		543,149
Vanguard Short Term Corporate Bond Index Fund		622,474
Vanguard Small Cap Index Admiral		228,473
Vanguard 500 Index Fund		2,328,799
Virtus KAR International Small-Mid Cap Fund		248,005
William Blair Emerging Markets Small Cap Growth Fund		417,029
	\$	15,301,476

Balanced Managed Fund:

American Century Mid Cap Value Fund	\$	512,256
American Funds The Growth Fund of America		2,121,440
American Funds Euro Pacific Growth Fund		1,400,691
AQR Emerging Multi-Style II		430,258
Congress Mid Cap Growth Fund		505,141
DFA Emerging Markets Small Cap		408,157
DFA US Targeted Value Portfolio		204,644
Dodge and Cox International Stock Fund		1,409,555
Dodge and Cox Stock Fund		2,160,902
DoubleLine Core Fixed Income Fund		10,274,976
Fidelity Intermediate Treasury Bond Index		517,502

See accompanying Independent Auditor's Report.

[Table of Contents](#)

FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

Federated Hermes Ultra Short Bond Fund	387,945
Stone Ridge High Yield Reinsurance Risk Premium Fund	775,141
Vanguard Emerging Markets Bond Fund Admiral Shares	644,227
Vanguard Small Cap Index Admiral	202,982
Vanguard Short Term Corporate Bond Index Fund	773,453
Vanguard 500 Index Fund	2,132,042
Virtus KAR International Small-Mid Cap Fund	256,241
William Blair Emerging Markets Small Cap Growth Fund	412,025
	\$ 25,529,578

Conservative Managed Fund:

American Century Mid Cap Value Fund	\$ 29,090
American Funds The Growth Fund of America	105,084
American Funds Euro Pacific Growth Fund	72,438
AQR Emerging Multi-Style II	23,100
Congress Mid Cap Growth Fund	28,722
DFA Emerging Markets Small Cap	23,254
DFA U.S. Targeted Value Portfolio	8,784
Dodge and Cox International Stock Fund	72,898
Dodge and Cox Stock Fund	107,039
DoubleLine Core Fixed Income Fund	1,959,383
Federated Hermes Ultra Short Bond Fund	117,708
Fidelity Intermediate Treasury Bond Index	58,867
Stone Ridge High Yield Reinsurance Risk Premium Fund	58,788
Vanguard Emerging Markets Bond Fund Admiral Shares	29,264
Vanguard Short Term Corporate Bond Index Fund	88,112
Vanguard Small Cap Index Admiral	8,745
Vanguard 500 Index Fund	105,610
William Blair Emerging Markets Small Cap Growth Fund	20,391
	\$ 2,917,277

Growth Managed Fund:

American Century Mid Cap Value Fund	\$ 389,289
-------------------------------------	------------

See accompanying Independent Auditor's Report.

[Table of Contents](#)

FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

American Funds The Growth Fund of America	1,849,543
American Funds Euro Pacific Growth Fund	1,235,321
AQR Emerging Multi-Style II	341,487
Congress Mid Cap Growth Fund	386,679
DFA Emerging Markets Small Cap	342,418
DFA US Targeted Value Portfolio	186,811
Dodge and Cox International Stock Fund	1,240,324
Dodge and Cox Stock Fund	1,864,310
DoubleLine Core Fixed Income Fund	3,087,530
Fidelity Intermediate Treasury Bond Index	217,157
Stone Ridge High Yield Reinsurance Risk Premium Fund	620,438
Vanguard Emerging Markets Bond Fund Admiral Shares	495,885
Vanguard Short Term Corporate Bond Index Fund	620,438
Vanguard Small Cap Index Admiral	186,205
Vanguard 500 Index Fund	1,853,912
Virtus KAR International Small-Mid Cap Fund	217,259
William Blair Emerging Markets Small Cap Growth Fund	341,154
	\$ 15,476,160

Moderate Managed Fund:

American Century Mid Cap Value Fund	\$ 159,446
American Funds The Growth Fund of America	717,669
American Funds Euro Pacific Growth Fund	424,543
AQR Emerging Multi-Style II	137,108
Congress Mid Cap Growth Fund	157,095
DFA Emerging Markets Small Cap	138,105
DFA US Targeted Value Portfolio	63,689
Dodge and Cox International Stock Fund	532,654
Dodge and Cox Stock Fund	728,425
DoubleLine Core Fixed Income Fund	5,337,571
Federated Hermes Ultra Short Bond Fund	322,444
Fidelity Intermediate Treasury Bond Index	150,477
Stone Ridge High Yield Reinsurance Risk Premium Fund	257,696

See accompanying Independent Auditor's Report.

[Table of Contents](#)

**FIRST BUSEY CORPORATION PROFIT SHARING PLAN AND TRUST
FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

Vanguard Emerging Markets Bond Fund Admiral Shares	213,914
Vanguard Short Term Corporate Bond Index Fund	257,439
Vanguard Small Cap Index Admiral	63,200
Vanguard 500 Index Fund	720,362
Virtus KAR International Small-Mid Cap Fund	106,764
William Blair Emerging Markets Small Cap Growth Fund	139,056
	\$ 10,627,657
TOTAL MANAGED FUNDS	\$ 69,852,148

See accompanying Independent Auditor's Report.