

| | | |
|---|---|--|
| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|---|--|

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>BURGISS 401(K) PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>005</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE BURGISS GROUP LLC</u></p> <p><u>250 GREENWICH STREET</u> <u>FLOOR 49</u> <u>NEW YORK, NY 10007</u></p> | <p>1c Effective date of plan <u>02/15/2006</u></p> <p>2b Employer Identification Number (EIN) <u>13-4038723</u></p> <p>2c Plan Sponsor's telephone number <u>201-427-9600</u></p> <p>2d Business code (see instructions) <u>541519</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. | 09/30/2025 | JENNIFER SANSONE |
| | 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 | 294 |
| 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) | 217 |
| | 6a(2) | 0 |
| | 6b | 0 |
| | 6c | 0 |
| | 6d | 0 |
| | 6e | 0 |
| | 6f | 0 |
| | 6g(1) | 0 |
| | 6g(2) | 0 |
| 6h | 0 | |
| 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:
 2S 2E 3D 2G 2J 2K 2F 2T

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 BURGISS 401(K) PLAN | B Three-digit plan number (PN) ▶ | 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE BURGISS GROUP LLC | D Employer Identification Number (EIN) 13-4038723 | |

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

THE VANGUARD GROUP, INC

23-1945930

(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)

THE VANGUARD GROUP, INC.

23-1945930

| (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? |
|------------------------|---|--|--|--|---|--|
| 99 15 64 50 52 68 | NONE | 24254 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

PILLSBURY WINTHROP SHAW PITTMAN LLP

31W WEST 32ND STREET
29TH FL
NEW YORK, NY 10019

| (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? |
|------------------------|---|--|--|--|---|--|
| 29 50 | NONE | 2171 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (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 BURGISS 401(K) PLAN | B Three-digit plan number (PN) 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE BURGISS GROUP LLC | D Employer Identification Number (EIN) 13-4038723 |

| | |
|---------------|--------------------------------------|
| 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.

| Assets | (a) Beginning of Year | (b) End of Year |
|--|------------------------------|------------------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | 466243 |
| (2) Participant contributions | 1b(2) | 45039 |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1287741 |
| (2) U.S. Government securities | 1c(2) | 0 |
| (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) | 118600 |
| (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) | 24844643 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | |
| (15) Other | 1c(15) | 0 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 26717227 | 45039 |
| 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 | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 26717227 | 45039 |

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) | 35570 | |
| (B) Participants..... | 2a(1)(B) | 0 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 0 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 35570 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 27106 | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | 0 | |
| (E) Participant loans..... | 2b(1)(E) | 0 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 27106 |
| (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) | 36184 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 36184 |
| (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) | | 1365558 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 1464418 |

Expenses

| | | | |
|---|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 28110182 | |
| (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) | | 28110182 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 24253 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (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) | 2171 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 26424 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 28136606 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -26672188 |
| 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: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | X | | 179081 |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | | X | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 BURGISS 401(K) PLAN | B Three-digit plan number (PN) | 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE BURGISS GROUP LLC | D Employer Identification Number (EIN) 13-4038723 | |

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 45-0404698

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 Q703678A.

BURGISS 401(k) PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

**AS OF DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS)
AND DECEMBER 31, 2022 (ONGOING BASIS)
AND FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS)**

BURGISS 401(k) PLAN

CONTENTS

| | |
|---|-----|
| Independent Auditors' Report | 1-4 |
|---|-----|

Financial Statements

| | |
|---|---|
| Statements of Net Assets Available for Benefits | 5 |
| Statements of Changes in Net Assets in Liquidation Available for Benefits | 6 |

| | |
|--|------|
| Notes to Financial Statements | 7-15 |
|--|------|

Supplemental Schedules

| | |
|--|----|
| Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 | 16 |
| Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 | 17 |
| Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) – December 31, 2023 | 18 |

Independent Auditors' Report

To the Plan Administrator of the
Burgiss 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audits for the 2024 and 2023 Financial Statements

We have performed audits of the financial statements of Burgiss 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audits). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 (liquidation basis), and the related statements of changes in net assets in liquidation available for benefits for the years then ended, and the related notes to the financial statements (2024 and 2023 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 2024 and 2023 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 3, 2024 and December 31, 2023 and for the period from January 1, 2024 through December 3, 2024 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2024 and 2023 Financial Statements

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the 2024 and 2023 Financial Statements section:

- the amounts and disclosures in the accompanying 2024 and 2023 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2024 and 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2024 and 2023 Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the 2024 and 2023 Financial Statements section of our report. We are required to be independent of Burgiss 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter

As described in Note 1 to the financial statements, The Burgiss Group LLC resolved to terminate the Plan effective September 29, 2023. Liquidation became imminent as a result of the termination resolution. Accordingly, the Plan has changed its basis of accounting from the ongoing basis used in presenting the Plan's 2022 financial statements to the liquidation basis used in presenting the Plan's 2023 and 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2024 and 2023 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audits of the 2024 and 2023 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits of the 2024 and 2023 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- 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 Burgiss 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Burgiss 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 and 2023 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2024 and 2023 Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2023, and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023, 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors’ Report on the 2022 Financial Statements

The 2022 financial statements of the Plan were audited by Marcum LLP. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 10, 2024 indicated that (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were present fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 financial statements held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2022 supplemental schedules, other than the information in the 2022 supplemental schedules that agreed to or is derived from the certified information, were presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosures under ERISA; and the information in the 2022 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

Philadelphia, PA
August 29, 2025

BURGISS 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024, 2023 AND 2022

| | Liquidation Basis <u>2024</u> | Liquidation Basis <u>2023</u> | Ongoing Basis <u>2022</u> |
|--|-------------------------------------|-------------------------------------|---------------------------------|
| Assets | | | |
| Investments, at fair value | \$ <u>-</u> | \$ <u>26,132,384</u> | \$ <u>19,517,148</u> |
| Receivables: | | | |
| Notes receivable from participants | - | 118,600 | 56,444 |
| Employer contributions | <u>45,039</u> | <u>466,243</u> | <u>421,204</u> |
| Total Receivables | <u>45,039</u> | <u>584,843</u> | <u>477,648</u> |
| Net Assets Available for Benefits | \$ <u><u>45,039</u></u> | \$ <u><u>26,717,227</u></u> | \$ <u><u>19,994,796</u></u> |

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

BURGISS 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

Additions to Net Assets Attributed to:

| | 2024 | 2023 |
|---|--------------|---------------|
| Investment income: | | |
| Interest and dividends | \$ 63,290 | \$ 564,185 |
| Net appreciation in fair value of investments | 1,365,558 | 3,483,457 |
| | 1,428,848 | 4,047,642 |
| Interest income on notes receivable from participants | - | 5,941 |
| Contributions: | | |
| Participant | - | 1,961,396 |
| Employer | 35,570 | 976,885 |
| Rollover | - | 78,091 |
| | 35,570 | 3,016,372 |
| Total Additions | 1,464,418 | 7,069,955 |
| Deductions from Net Assets Attributed to: | | |
| Benefits paid to participants | 28,110,182 | 344,888 |
| Administrative expenses | 26,424 | 2,636 |
| Total Deductions | 28,136,606 | 347,524 |
| Net (Decrease) Increase | (26,672,188) | 6,722,431 |
| Net Assets Available for Benefits: | | |
| Beginning of year | 26,717,227 | 19,994,796 |
| End of year | \$ 45,039 | \$ 26,717,227 |

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

BURGISS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ONGOING BASIS) AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS)

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Burgiss 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

PLAN TERMINATION

On August 11, 2023, MSCI Inc., a provider of mission-critical decision support tools and services for the global investment community, entered into an agreement to acquire the remaining 66% of The Burgiss Group LLC (the “Company”). The transaction was finalized on October 2, 2023. As a result of this transaction, the Company approved a resolution on September 22, 2023 to terminate the Plan effective September 29, 2023 (the “Termination Date”). In accordance with the provision of ERISA, all participants became 100% vested, to the extent they were not already, in their individual participant accounts on the Termination Date. The Plan administrator was instructed to commence final distributions to participants and beneficiaries and to effectuate the termination of the Plan.

Upon the approval of the resolution to terminate the Plan, Plan administrator determined that the Plan’s termination was considered imminent and changed the basis of accounting to the liquidation basis of accounting. As a result of the Plan termination, the Plan’s net assets are to be allocated for payment of Plan benefits to the participants in accordance with ERISA, applicable regulations, and the Plan document. Beginning September 29, 2023, all the participants of the Plan were required to elect one of the following options with respect to their participant account balances: 1) single lump-sum distribution, or 2) rollover to another qualified retirement plan or an individual retirement account (“IRA”). The Plan’s investments were liquidated and distributed by the trustee as of December 3, 2024. The Plan management is in the process of completing certain corrections and will be making an additional contribution to the Plan and distributions to impacted participants prior to completing the termination of the Plan. The additional contribution is reflected as an employee contribution receivable at December 31, 2024 (see Note 10).

Prior to Plan termination and liquidation, provisions of the Plan were as follows:

GENERAL

The Plan is a defined contribution plan adopted by the Company and intended to be qualified under the provisions of Section 401(a) of the Internal Revenue Code (“IRC”) for the benefit of eligible employees of the Company. All employees of the Company who are at least 21 years of age with a minimum of three months of service, as defined in the Plan document, are eligible to participate and are automatically enrolled in the Plan the first of the month upon meeting the eligibility requirements unless they opt out.

BURGISS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ONGOING BASIS) AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS)

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

GENERAL (Continued)

Those participants that are automatically enrolled in the Plan have their contribution set at 3% of eligible compensation and invested in the Plan's default investment. Excluded classes of employees are those who are covered by a collective bargaining agreement (unless the collective bargaining agreement provides otherwise), is a nonresident alien who has no earned income from sources within the United States, or is a leased employee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan administrator is responsible for the fiduciary oversight of the Plan, including the Plan's investment offering and, monitoring investment performance.

CONTRIBUTIONS

Each year, active participants may contribute up to 100% of pre-tax annual eligible compensation, as defined in the Plan, subject to annual dollar limits established by the IRC. Active participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover contributions). Unless otherwise elected, active participant contributions automatically increase by 1% as of January 1st of each year until such time their participant contribution reaches a maximum of 10% of eligible compensation.

The Company provides a safe harbor matching contribution equal to 100% of the active participant's elective deferrals up to 3%, and 50% of elective deferrals greater than 3% but not more than 5%. The Company may also make an employer profit sharing contribution. There were no discretionary employer profit sharing contributions made during the period from January 1, 2023 through the Termination Date of the Plan.

Participants direct the investment of their contributions, the Company's safe harbor matching contributions and the Company's discretionary profit sharing contributions, if any, into various investment options offered under the Plan.

PARTICIPANT ACCOUNTS

Individual participant accounts are credited with applicable participant contributions, rollover contributions, the Company's safe harbor matching contributions along with an allocation of the Company's discretionary employer profit sharing contributions (if any), and investment earnings, and if elected by the plan administrator, may be charged with an allocation of certain administrative expenses. Allocations are based upon participant earnings, account balances, or specific participant transactions, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

BURGISS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ONGOING BASIS) AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS)

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

VESTING

Discretionary employer profit sharing contributions (if any) vest according to the following schedule:

| <u>Years of Service</u> | <u>Vesting %</u> |
|-------------------------|------------------|
| Less than one year | 0% |
| 1 | 25% |
| 2 | 50% |
| 3 | 75% |
| 4 | 100% |

Discretionary employer profit sharing contributions (if any) will also become 100% vested immediately upon the participant, while in service, reaches normal retirement age (65), death, disability or if the Plan is terminated.

FORFEITURES

At December 31, 2024 and 2023 (liquidation basis) and December 31, 2022 (ongoing basis), forfeitures balance amounted to \$0, \$4,078 and \$128, respectively. The Plan provides that forfeitures are used to first pay administrative expenses of the Plan and the remaining amounts may be used to reduce certain future Company contributions. For the year ended December 31, 2024, \$13,023 of the forfeitures, as a result of certain corrections necessary, were used to reduce Company corrective contributions and \$4,124 to pay Plan expenses. For the year ended December 31, 2023, \$2,444 of the forfeitures were used to pay administrative expenses.

NOTES RECEIVABLE FROM PARTICIPANTS

A participant may borrow, from their account, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. Participant loans are secured by the balance in the participant's account and bear interest at a rate that is commensurate with the interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances, which is currently at the prime rate plus 1%. Participants may not have more than two loans outstanding at any time. Loans are repayable over a maximum period of five years from the date of the loan unless the loan is used for the purchase of a principal residence, in which case the loan's term can extend beyond a 5-year repayment period. Principal and interest payments are made through payroll deductions.

BURGISS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ONGOING BASIS) AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS)

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

PAYMENT OF BENEFITS

On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance. Balances equal to or less than \$1,000 are paid in lump-sum distributions, without requiring participant requests. Balances greater than \$1,000 and less than \$5,000 are either paid in lump-sum per individual's request or, if the individual makes no request, rolled over into an IRA established by the Plan administrator.

In the event of financial hardship, a participant may elect to withdraw all or a portion of their account balance to satisfy their financial need.

NOTE 2 - SUMMARY OF ACCOUNTING POLICES

BASIS OF ACCOUNTING

The accompanying financial statements are presented using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). In accordance with U.S. GAAP, the Plan has changed its basis of accounting from the ongoing plan basis used in presenting the financial statements as of December 31, 2022, to the liquidation basis used in presenting the financial statements as of December 31, 2024 and 2023 and for the years ended December 31, 2024 and 2023.

USE OF ESTIMATES

The preparation of financial statements in accordance with U.S. GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

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

BURGISS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ONGOING BASIS) AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS)

NOTE 2 - SUMMARY OF ACCOUNTING POLICES (CONTINUED)

INVESTMENT VALUATION AND INCOME RECOGNITION (Continued)

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

CONTRIBUTIONS

Contributions from Plan participants and the contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

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 as incurred. If a participant does not make note repayments and the Plan administrator considers the note to be in default, the note receivable balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment.

ADMINISTRATIVE EXPENSES

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

SUBSEQUENT EVENTS

Subsequent events have been evaluated by the Plan for potential recognition or disclosure through August 29, 2025, the date the financial statements were available to be issued.

BURGISS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ONGOING BASIS) AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS)

NOTE 3 - CERTIFIED INFORMATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and the ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 3, 2024 (the date the Plan's investments held by the Plan at that time were liquidated and distributed to participants and beneficiaries), December 31, 2023 and 2022, and net appreciation in fair value of investments, interest and dividend income and interest income on notes receivable from participants for the period from January 1, 2024 through December 3, 2024 and for the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Ascensus, LLC, as an authorized representative of Ascensus Trust Company, the trustee of the Plan. The information has not been audited by the Plan's independent auditors.

NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable and market-corroborated inputs which are derived principally from or corroborated by observable market data. If the asset or liability has a specified (contractual) term, the level 2 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.

BURGISS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ONGOING BASIS) AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS)

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

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

The following tables present by level, within the fair value hierarchy, the Plan's investment assets at fair value, as of December 31, 2023 and 2022.

| Description | Total | Assets at Fair Value at December 31, 2023 | | |
|---------------------------------|---------------|---|---------|---------|
| | | Level 1 | Level 2 | Level 3 |
| Mutual funds | \$ 26,132,384 | \$ 26,132,384 | \$ -- | \$ -- |
| Total investments at fair value | \$ 26,132,384 | \$ 26,132,384 | \$ -- | \$ -- |

| Description | Total | Assets at Fair Value at December 31, 2022 | | |
|---------------------------------|---------------|---|---------|---------|
| | | Level 1 | Level 2 | Level 3 |
| Mutual funds | \$ 19,517,148 | \$ 19,517,148 | \$ -- | \$ -- |
| Total investments at fair value | \$ 19,517,148 | \$ 19,517,148 | \$ -- | \$ -- |

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Plan investments are held and managed by Ascensus Trust Company, the trustee. A subsidiary of the trustee provides recordkeeping services to the Plan. For the years ended December 31, 2024 and 2023, fees paid by the Plan to trustee and its subsidiary amounted to \$26,424 and \$2,636, respectively. The Plan also allows participants to take loans from their individual participant accounts. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

BURGISS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ONGOING BASIS) AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS)

NOTE 6 - PLAN TERMINATION

As discussed in Note 1, the Company exercised its right under the Plan to terminate the Plan effective September 29, 2023, subject to the provisions of ERISA. As of September 29, 2023, all participants became 100% vested in their Company contribution accounts, to the extent they were not already 100% vested.

NOTE 7 - TAX STATUS

The prototype plan sponsor has obtained an opinion letter dated June 30, 2020, in which the Internal Revenue Service stated that the prototype plan document was in compliance with the applicable requirements of the IRC. The Plan sponsor timely adopted the prototype plan. The Plan has been amended since receiving the opinion letter; however, the Plan sponsor has indicated it will take the appropriate actions, if any, for the Plan to maintain its qualified status.

The Plan administrator believes that the plan is currently being operated in accordance with the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions, and other than discussed below, there are currently no other audits for any tax periods in progress.

In June 2023, the Plan administrator was notified by the U.S. Department of Labor's Employee Benefits Security Administration ("EBSA") that the Plan was selected to be reviewed by EBSA for compliance with Title I of the Employee Retirement Income Security Act (ERISA) for the period commencing January 1, 2019. EBSA issued a closing letter on October 1, 2024, and the results have been communicated to Plan management which are summarized in Notes 9 and 10.

NOTE 8 - RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities were exposed to various risks, such as interest rate, market, and credit risks. Market risks included global events which could have impacted the value of investment securities, such as a pandemic or an international conflict. Due to the level of risk associated with certain investment securities, it was at least reasonably possible that changes in the values of investment securities would have occurred in the near term and that such changes could have materially affected participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

BURGISS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS) AND DECEMBER 31, 2022 (ONGOING BASIS) AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023 (LIQUIDATION BASIS)

NOTE 9 - DELINQUENT TRANSMITTALS

During the years ended December 31, 2022, 2021, 2020, and 2019, the Company failed to timely remit certain employee deferrals and loan repayments to the Plan, as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Late remittances identified on the Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions that occurred during the years ended December 31, 2022, 2021, 2020 and 2019 that have not been corrected as of December 31, 2022.

During 2023 and 2024, the Plan administrator completed the correction of these delinquent transmittals by computing the lost earnings and contributed the amounts to the impacted individual participant accounts, in accordance with the principles of, but outside of the Voluntary Fiduciary Correction Program (VFCP).

NOTE 10 - OPERATIONAL FAILURES

Plan management identified certain operational failures and engaged counsel to evaluate and take appropriate corrective actions to maintain the Plan's qualified status. As a result of its investigation, Plan management made a qualified nonelective employer contributions in March and August 2024 to correct the operational errors previously identified totaling approximately \$457,000, of which \$421,204 was reflected as a portion of the employer contribution receivable as of December 31, 2023 and 2022. The Plan management anticipates funding the remaining correction amount of \$45,039 during the year ended December 31, 2025 and then terminate the Plan.

BURGISS 401(k) PLAN

SCHEDULE H, LINE 4(a) – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN: 56-1529963; PLAN #001

FOR THE YEAR ENDED DECEMBER 31, 2024

| Date | Participant Contributions Transferred Late to Plan | Check here if Late Participant Loan Repayments are included | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP* and PTE 2002-51 |
|------|--|---|---|---------------------------------------|---|---|
| | | | Contributions Not Corrected | Contributions Corrected Outside VFCP* | Contributions Pending Correction in VFCP* | |
| 2019 | <u>\$ 28,678</u> | X | <u>\$ --</u> | <u>\$ 28,678</u> | <u>\$ --</u> | <u>\$ --</u> |
| 2020 | <u>\$ 34,007</u> | X | <u>\$ --</u> | <u>\$ 34,007</u> | <u>\$ --</u> | <u>\$ --</u> |
| 2021 | <u>\$ 40,685</u> | X | <u>\$ --</u> | <u>\$ 40,685</u> | <u>\$ --</u> | <u>\$ --</u> |
| 2022 | <u>\$ 75,711</u> | X | <u>\$ --</u> | <u>\$ 75,711</u> | <u>\$ --</u> | <u>\$ --</u> |

* Voluntary Fiduciary Correction Program (DOL).

See independent auditors' report.

BURGISS 401(k) PLAN

SCHEDULE H, LINE 4(a) – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN: 56-1529963; PLAN #001

FOR THE YEAR ENDED DECEMBER 31, 2023

| Date | Participant Contributions Transferred Late to Plan | Check here if Late Participant Loan Repayments are included | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP* and PTE 2002-51 |
|------|--|---|---|---------------------------------------|---|---|
| | | | Contributions Not Corrected | Contributions Corrected Outside VFCP* | Contributions Pending Correction in VFCP* | |
| 2019 | <u>\$ 28,678</u> | X | <u>\$ 28,678</u> | <u>\$ --</u> | <u>\$ --</u> | <u>\$ --</u> |
| 2020 | <u>\$ 34,007</u> | X | <u>\$ 34,007</u> | <u>\$ --</u> | <u>\$ --</u> | <u>\$ --</u> |
| 2021 | <u>\$ 40,685</u> | X | <u>\$ 40,685</u> | <u>\$ --</u> | <u>\$ --</u> | <u>\$ --</u> |
| 2022 | <u>\$ 75,711</u> | X | <u>\$ 75,711</u> | <u>\$ --</u> | <u>\$ --</u> | <u>\$ --</u> |

* Voluntary Fiduciary Correction Program (DOL).

See independent auditors' report.

BURGISS 401(k) PLAN

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 56-1529963; PLAN #001

DECEMBER 31, 2023

| (a) | (b) | (c) | (d) | (e) |
|--|--|----------|---------------|--------------------------|
| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value | |
| * Vanguard 500 Index Adm | Mutual Fund | ** | \$ | 2,787,904 |
| * Vanguard Balanced Index Adm | Mutual Fund | ** | | 458,693 |
| * Vanguard Developed Mkts Index Adm | Mutual Fund | ** | | 237,003 |
| * Vanguard Emerging Mkts Stock Idx Adm | Mutual Fund | ** | | 181,680 |
| * Vanguard Extended Market Index Adm | Mutual Fund | ** | | 405,986 |
| * Vanguard Federal Money Market Inv | Mutual Fund | ** | | 1,287,741 |
| * Vanguard Growth Index Adm | Mutual Fund | ** | | 2,013,257 |
| * Vanguard S-T Infl-Prot Sec Idx Adm | Mutual Fund | ** | | 13,824 |
| * Vanguard Small-Cap Growth Index Adm | Mutual Fund | ** | | 660,110 |
| * Vanguard Small-Cap Index Adm | Mutual Fund | ** | | 320,218 |
| * Vanguard Small-Cap Value Index Adm | Mutual Fund | ** | | 238,035 |
| * Vanguard Target Retirement 2020 Fund | Mutual Fund | ** | | 1,791,738 |
| * Vanguard Target Retirement 2025 Fund | Mutual Fund | ** | | 1,737,785 |
| * Vanguard Target Retirement 2030 Fund | Mutual Fund | ** | | 1,658,036 |
| * Vanguard Target Retirement 2035 Fund | Mutual Fund | ** | | 1,342,515 |
| * Vanguard Target Retirement 2040 Fund | Mutual Fund | ** | | 816,138 |
| * Vanguard Target Retirement 2045 Fund | Mutual Fund | ** | | 3,144,895 |
| * Vanguard Target Retirement 2050 Fund | Mutual Fund | ** | | 2,170,731 |
| * Vanguard Target Retirement 2055 Fund | Mutual Fund | ** | | 1,663,315 |
| * Vanguard Target Retirement 2060 Fund | Mutual Fund | ** | | 394,956 |
| * Vanguard Target Retirement 2065 Fund | Mutual Fund | ** | | 279,163 |
| * Vanguard Target Retirement 2070 Fund | Mutual Fund | ** | | 6,018 |
| * Vanguard Target Retirement Income Fund | Mutual Fund | ** | | 6,228 |
| * Vanguard Total Bond Market Index Adm | Mutual Fund | ** | | 659,435 |
| * Vanguard Total Intl Bond Index Adm | Mutual Fund | ** | | 38,621 |
| * Vanguard Total Intl Stock Index Adm | Mutual Fund | ** | | 422,965 |
| * Vanguard Total Stock Market Index Adm | Mutual Fund | ** | | 972,258 |
| * Vanguard Value Index Adm | Mutual Fund | ** | | 423,136 |
| Total investments at fair value | | | \$ | <u><u>26,132,384</u></u> |
| * Participant loans | Interest ratesx ranging from 4.25% to 9.50% | \$ - 0 - | \$ | <u><u>118,600</u></u> |

* Indicates party-in-interest

** Cost information not required for participant directed investments

See independent auditors' report.