

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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.) [x] 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: [x] 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

1a Name of plan: BRILLIANT CORNERS RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2011
2a Plan sponsor's name (employer, if for a single-employer plan): BRILLANT CORNERS
2b Employer Identification Number (EIN): 56-2379862
2c Plan Sponsor's telephone number: 415-618-0012
2d Business code (see instructions): 624200

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	653
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)	470
	6a(2)	494
	6b	24
	6c	181
	6d	699
	6e	
	6f	699
	6g(1)	578
6g(2)	614	
6h		
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 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 1
- (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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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 BRILLIANT CORNERS RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BRILLANT CORNERS		D Employer Identification Number (EIN) 56-2379862

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869			01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	91533
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	16736839

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 79483

c Additions: (1) Contributions deposited during the year	7c(1)	11999
	7c(2)	38
	7c(3)	1311
	7c(4)	239284
	7c(5)	458

(6) Total additions **7c(6)** 253090

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 332573

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1660
(2) Administration charge made by carrier.....	7e(2)	96
(3) Transferred to separate account	7e(3)	239284
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 241040

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 91533

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

A Name of plan BRILLIANT CORNERS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BRILLANT CORNERS	D Employer Identification Number (EIN) 56-2379862	

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

NATIONWIDE **ONE NATIONWIDE PLAZA**
COLUMBUS, OH 43215

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

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

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)

NATIONWIDE

31-4177100

(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?
26	INVESTMENT ADVISOR		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12940	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PLAN DESIGN CONSULTANTS INC

3451 VIA MONTEBELLO
CARLSBAD, CA 00009

(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?
26	TPA	5942	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11876	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LINCOLN FINANCIAL ADVISORS

(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?
26	INVESTMENT ADVISOR	25733	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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)

BRINKER CAPITAL INVESTMENTS

13-4109249

(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?
26	INVESTMENT ADVISORY	32351	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

OSAIC FA INC

35-1151034

(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?
26	INVESTMENT ADVISOR		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	32283	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
NATIONWIDE	26	12940
(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.	
BRINKER CAPITAL INVESTMENTS 13-4109249	ADVISORY FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LINCOLN FINANCIAL ADVISORS	26	25733
(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.	
BRILLIANT CORNERS 56-2379862		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PLAN DESIGN CONSULTANTS	26	4853
(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.	
NATIONWIDE 31-4177100	ADVISORY FEES	

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
OSAIC FA INC		32283
(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.	
BRILLIANT CORNERS 56-2379862		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PLAN DESIGN CONSULTANTS		7024
(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.	
BRILLIANT CORNERS 56-2379862		
(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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BRILLIANT CORNERS RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BRILLANT CORNERS	D Employer Identification Number (EIN) 56-2379862

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)	
(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)	
(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)	198426
(9) Value of interest in common/collective trusts	1c(9)	287307
(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)	12777587
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	16736839
(15) Other	1c(15)	79483
		91533

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	13055496	17115679
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	13055496	17115679

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)	1270947	
(B) Participants.....	2a(1)(B)	1794105	
(C) Others (including rollovers).....	2a(1)(C)	18625	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3083677
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	23317	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		23317
(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)	18461	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		18461
(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)		1792032
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4917487

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	756642	
(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)		756642
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)	48660	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	52002	
(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)		100662
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		857304

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4060183
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: **PEROTTI & CARRADE, CPAS**

(2) EIN: **68-0095377**

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"/>	574813
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"/>	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?	<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.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan BRILLIANT CORNERS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BRILLANT CORNERS	D Employer Identification Number (EIN) 56-2379862	

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): <u>31-4156830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500778A.

BRILLIANT CORNERS RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



BRILLIANT CORNERS RETIREMENT PLAN

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PEROTTI & CARRADE

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of the
Brilliant Corners Retirement Plan

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

We have performed audits of the accompanying financial statements of Brilliant Corners Retirement 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) audit]. The financial statements comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Brilliant Corners Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

Perotti & Carrade | Certified Public Accountants

415.461.8500 | 415.461.6342 fax | www.pc-cpas.com | 1 McInnis Parkway, Suite 200 | San Rafael, CA 94903

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our 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 Brilliant Corners Retirement 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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances, 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 Brilliant Corners Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial

statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 Brilliant Corners Retirement 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 Brilliant Corners Retirement 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 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Assets (Held at End of Year) – Modified Cash Basis as of December 31, 2024 and 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 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 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. 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 schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

October 7, 2025

Perotti & Canade

BRILLIANT CORNERS RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS

DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
Investments		
Mutual funds, at fair value	\$ 16,736,839	\$ 12,777,587
Fixed account, at fair value	91,533	79,483
Notes Receivable from Participants	287,307	198,426
Net Assets Available for Benefits	\$ 17,115,679	\$ 13,055,496

See accompanying notes to financial statements.

BRILLIANT CORNERS RETIREMENT PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS - MODIFIED CASH BASIS**

FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS

Contributions:	
Employer	\$ 1,270,947
Participants	1,794,105
Rollovers	18,625
Total contributions	3,083,677
Investment income: Net appreciation in fair value of investments	1,810,494
Interest income on participant loans	23,317
Total additions	4,917,488

DEDUCTIONS

Plan benefits paid to participants	756,642
Administrative expenses	100,663
Total deductions	857,305

Net Increase	4,060,183
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year	13,055,496
End of Year	\$ 17,115,679

See accompanying notes to financial statements.

BRILLIANT CORNERS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following description of Brilliant Corners' (the "Organization") Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Organization established a defined contribution 403(b) plan on January 1, 2011 to provide employees with a systematic means of saving and investing for the future. All permissible employees of the Organization, as defined in accordance with the universal availability standards, are eligible to enroll on their date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan's eligibility requirement permits all employees who normally work 20 hours or more per week to participate in the Plan.

Contributions – Participants may elect to defer (on a pre-tax or after-tax basis) a percentage or a dollar amount of their compensation each year. The employee contributions are subject to the Internal Revenue Service ("IRS") regulation limitations. Plan participants over age 50 are eligible to make catch-up contributions, subject to IRS limitations. Special Internal Revenue Code Section 403(b) catch-up contributions are not permitted. Contributions made by highly compensated individuals are subject to certain limitations which essentially require them to be proportional to other participants. The amount by which a participant's contribution exceeds the required limit may be refunded to the participant in the succeeding year. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Organization provides a safe-harbor matching contribution up to 100% of an employee's first 5% of eligible wages. The Organization may elect to make a discretionary profit-sharing contribution to the Plan. Matching contributions are funded bi-weekly. The participants direct the investment of their share of the employer contributions as well as the participant's contributions. For the year ended December 31, 2024, the Organization made safe-harbor matching contributions totaling \$1,270,947. The Organization made no discretionary profit-sharing contributions to the Plan for the year ended December 31, 2024.

Participant Accounts – Each participant's account is credited with the participant's contributions, the Organization's matching and discretionary contributions, and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined by the provisions of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

BRILLIANT CORNERS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN (continued)

Vesting – Participants are vested immediately in their contributions and any safe-harbor employer matching contributions plus actual earnings thereon. Participants are fully vested in the Organization’s discretionary profit-sharing contributions after one year of employment.

Notes receivable from participants - Participants may borrow from their accounts a minimum of \$1,000 and up to the lesser of \$50,000 or 50% of the respective vested account balance. For loans taken during 2020, participants may borrow from their accounts a minimum of \$1,000 and up to the lesser of \$100,000 or 100% of the respective vested account balance. A participant may have only one loan outstanding at a time. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at 2% above the prime rate, as defined. Loans are repaid through after-tax payroll deductions in equal bi-weekly installments. The loans currently outstanding bear interest at a rate ranging from 5.25% to 10.50% per year.

Payment of Benefits – Distributions under the Plan may be made generally in lump-sums or once annually depending on whether the distribution was an in-service request or termination of service is due to death, disability, retirement or for other reasons.

Forfeited Accounts – Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. In accordance with the provisions of the Plan, any forfeitures created will be used to reduce future employer contributions to the Plan or pay administrative expenses. There were no forfeited non-vested accounts under the Plan as of December 31, 2024 and 2023.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared using the modified cash basis, which is a comprehensive basis of accounting other than generally accepted accounting principles. Accordingly, income is recorded when received rather than when earned, and distributions and expenses are recorded when paid rather than when the obligation is incurred.

Investments at Fair Value – Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fixed account is recorded at fair value which is based on its contract value.

Sales and purchases of investments are recorded on a settlement date basis, and interest and dividend income are recorded when received. Net appreciation (depreciation) includes the plan’s gains and losses on investments bought and sold as well as held during the year.

BRILLIANT CORNERS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid balance. Interest income is recorded when received. Related fees are recorded as administrative expenses and are expensed when paid. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – The Organization pays certain expenses associated with the administration of the Plan, including audit fees and costs of communication with participants. Expenses that are paid by the Organization are excluded from these financial statements. Cost for processing participant distributions are charged to the individual participant originating the transaction. 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 advisory fees are included in administrative expenses. Other investment fees, which may vary according to the individual funds selected, are included in net appreciation in fair value of investments.

Use of Estimates - The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

3. CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and the supplemental schedule, including investments held as of December 31, 2024 and 2023 and the net appreciation in the fair value of investments for the year ended December 31, 2024 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide Trust Company, FSB, the custodian of the Plan.

4. INVESTMENTS AT FAIR VALUE

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 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.

BRILLIANT CORNERS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

4. INVESTMENTS AT FAIR VALUE (continued)

The three levels of the fair value hierarchy under the framework are described as follows:

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

Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means;

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds: Valued at the daily closing price as reported by the fund adjusted for any dividends and capital gains declared. Mutual funds held by the Plan are mutual funds that are registered with the SEC. These funds are required to publish their daily net asset values (NAV).

Fixed Account: The Fixed account is a fixed return investment with annual interest rate guarantees after the first period. The fair value of the Fixed account is equal to its book value less contingent deferred sales charges, if any. Deposits are guaranteed in both principal and interest by Nationwide Life Insurance Company. Amounts are held in Nationwide Life Insurance Company's general account and are credited on a net daily basis at annual effective rates. The net rate, crediting rate, and average yield was 1.57% and 1.68% for 2024 and 2023, respectively. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value without restrictions. In the event of contract discontinuance, the contract holder can request a lump sum distribution with a market value adjustment, or an installment payout, at contract value, over a period of years.

BRILLIANT CORNERS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

4. INVESTMENTS AT FAIR VALUE (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

December 31, 2024	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual Funds	\$ -	\$ 16,736,839	\$ -	\$ 16,736,839
Fixed Account	-	-	91,533	91,533
	<u>\$ -</u>	<u>\$ 16,736,839</u>	<u>\$ 91,533</u>	<u>\$ 16,828,372</u>
December 31, 2023	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual Funds	\$ -	\$ 12,777,587	\$ -	\$ 12,777,587
Fixed Account	-	-	79,483	79,483
	<u>\$ -</u>	<u>\$ 12,777,587</u>	<u>\$ 79,483</u>	<u>\$ 12,857,070</u>

Changes in the fair value of Level 3 assets include purchases (contributions, loan repayments, and earnings) of \$13,710 and \$1,660 sales (participant withdrawals), no payments of loan withdrawals, and no net transfers out to other funds for the year ended December 31, 2024.

5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has various agreements with custodians, administrators, investment advisors and other service providers to the Plan (see Note 3). Such parties are parties-in-interest under the ERISA. Some fees incurred by the plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing and other indirect methods rather than a direct payment.

The following summarizes the expenses paid by the plan for the year ended December 31, 2024:

<u>Vendor</u>	<u>Service provided</u>	<u>Amount</u>
Nationwide	Custodial	\$ 52,257
Brink Capital	Investment advisory	32,351
Plan Design Consultants, Inc.	Plan administration	6,613
Iron Fiduciary	Advisory services	7,868
Nationwide Life Insurance	Investment advisory	1,574
		<u>\$ 100,663</u>

BRILLIANT CORNERS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

6. PLAN TAX STATUS AND TERMINATION

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The Plan obtained its latest opinion letter on March 31, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Plan management believes the plan is currently designed and operating in accordance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

Accounting standards require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The administrator has concluded that there are no uncertain positions taken or expected to be taken as of December 31, 2024 that would require 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The net assets available for benefits, employee contributions, employer contributions, and distributions reflected in the financial statements for the year ended December 31, 2024 agrees to the amounts reported on Schedule H of Form 5500.

8. DELINQUENT PARTICIPANT CONTRIBUTIONS

Certain employee contributions and participant loan repayments were not remitted to the Plan within the time frame specified by the DOL. The contributions have since been remitted to the Plan; however, lost earnings associated with these late remittances have not been calculated or deposited as of the October 7, 2025. The employer intends to correct the delinquency, including lost earnings, in the coming months.

BRILLIANT CORNERS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate changes, significant market fluctuations, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

10. SUBSEQUENT EVENTS

Management of the Plan has evaluated subsequent events and transactions subsequent to December 31, 2024, for potential recognition or disclosure in the financial statements. Subsequent events have been evaluated through October 7, 2025, the date the financial statements were available to be issued.

BRILLIANT CORNERS RETIREMENT PLAN

EIN 56-2379862; PLAN NUMBER 1

SCHEDULE H, LINE 4i

**SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS
DECEMBER 31, 2024**

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Current Value	
* Nationwide Life Insurance Company	Best Of America Fixed	\$ 91,533	
Mutual Funds:			
American Century	Amcent Focs Dynmc	26,139	
American Funds	Amfds 2050 Trgtdtrtrmt R6	103,326	
American Funds	Amfds 2055 Trgtdtrtrmt R6	46,162	
American Funds	Amfds 2060 Trgtdtrtrmt R6	11,974	
American Funds	Amfds Am Hi Inc Tr R6	9	
American Funds	Amfds New Wld R6	42,421	
AQR Funds	Aqr Eq Mkt Nutrl I	118,661	
Artisan Funds	Artisan Intl Val Inst	59,008	
Baird Funds	Baird Cor Pls Bd Inst	46,587	
Blackrock	Blkrk 80/20 Trgtalloc Inst	1,124,562	
Blackrock	Blkrk Strat Inc Oppr I	12,167	
BNY Mellon	Bnymel Glbl Rtn I	14	
Brown	Brown Advisory Sustainable Growth Fund - Institutional Shar	44,772	
Cohen & Steers Funds	Cohenstrs Realest Sec Inst	32,817	
Columbia Funds	Col Emrg Mkt Bd Inst2	9	
Doubleline	Dbline Cor Fxd Inc I	731,864	
DFA Investment Dimensions Group Inc.	Dfa Glbl Realest Sec Inst	20	
DFA Investment Dimensions Group Inc.	Dfa Intl Lgcap Gr	223,776	
DFA Investment Dimensions Group Inc.	Dfa Us Smcap Inst	183,934	
Federated Hermes, Inc.	Fed Hrms Gov Oblgtns Prmr	367,012	
Federated Hermes, Inc.	Fed Hrms Inst Hiyldb Inst	33,145	
Federated Hermes, Inc.	Fed Hrms Shintdtrtd Inst	151,978	
Fidelity Investments	Fid Us Bd Indx	392	
Fidelity Investments	Fid 500 Indx	696,181	
Fidelity Investments	Fid Infl Prtct Bd Indx	9,321	
Goldman Sachs Trust	Gdmnses Insmcpinsight Inst	4,890	
JPMorgan	Jpm Eq Inc R5	88	
JPMorgan	Jpm Lgcap Gr R6	97,568	
Legg Mason Partners Equity Trust	Leggm Clrbrdg Lgcap Gr I	64,814	
Metropolitan West Asset Management	Tcw Metwst Ultra Short Bnd Fnd - Class I	290,019	
* Nationwide	Nw Geneva Smcapgr Inst Svc	207,336	
* Nationwide	Nw Inv Dest Aggr R6	34,326	
Impax Asset Management	Impax Sustnbl Alloc Inst	2,734	
PIMCO	Pimco Intl Bdustrldrhginst	11,778	
PIMCO	Pimcocomdyrealtrnstratinst	59	
Principal	Prncpl Mdcap R6	37,070	
Putnam	Putnam Large Cap Growth Fund - Class Y	588,024	
Nuveen	Nuveen Lifecycle Index 2020 Fund - Class R6	15,564	

BRILLIANT CORNERS RETIREMENT PLAN

EIN 56-2379862; PLAN NUMBER 1

**SCHEDULE H, LINE 4i
SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
MODIFIED CASH BASIS, CONTINUED
DECEMBER 31, 2024**

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Current Value
	Mutual Funds, continued:		
	Nuveen	Nuveen Lifecycle Index 2010 Fund - Class R6	\$ 33,576
	Nuveen	Nuveen Lifecycle Index 2015 Fund - Class R6	13,021
	Nuveen	Nuveen Lifecycle Index 2025 Fund - Class R6	97,499
	Nuveen	Nuveen Lifecycle Index Retirement Income Fund - Class R6	642
	Nuveen	Nuveen Lifecycle Index 2030 Fund - Class R6	104,519
	Nuveen	Nuveen Lifecycle Index 2035 Fund - Class R6	271,850
	Nuveen	Nuveen Lifecycle Index 2040 Fund - Class R6	657,432
	Nuveen	Nuveen Lifecycle Index 2045 Fund - Class R6	1,490,757
	Nuveen	Nuveen Lifecycle Index 2050 Fund - Class R6	1,014,554
	Nuveen	Nuveen Lifecycle Index 2055 Fund - Class R6	1,889,052
	Nuveen	Nuveen Lifecycle Index 2060 Fund - Class R6	1,589,455
	Nuveen	Nuveen Lifecycle Index 2065 Fund - Class R6	286,732
	Nuveen	Nuveen Large Cap Responsible Equity Fund - Class R6	57,625
	Victory	Victory Sycamore Established Value Fund - Class I	168,514
	Vanguard	Vngrd 500 Index Fd As	24,711
	Vanguard	Vngrd Comdty Strat Adml	111,812
	Vanguard	Vngrd Divd Gr Inv	343,735
	Vanguard	Vngrd Emrg Mkt Stkindxadml	69,991
	Vanguard	Vngrd Gnma Adml	24,550
	Vanguard	Vngrd Gr Indx Adml	33,866
	Vanguard	Vngrd Infl Prtct Sec Adml	3,841
	Vanguard	Vngrd Intl Gr Adml	118
	Vanguard	Vngrd Intl Val Inv	153,199
	Vanguard	Vngrd Mdcap Gr Indx Adml	12,213
	Vanguard	Vngrd Mid-Cap Idx Fd As	20,647
	Vanguard	Vngrd Smcap Gr Indx Adml	8,695
	Vanguard	Vngrd St Invmt Grd Adml	56
	Vanguard	Vngrd Ttl Bnd Mkt Ldx Adm	80,622
	Vanguard	Vngrd Ttl Intl Bd Idx Adml	1,079
	Vanguard	Vngrd Ttl Intlstkindx Adml	741,951
	Vanguard	Vngrd Ttl Stmkt Indx Fd As	788,297
	Vanguard	Vngrd Val Indx Adml	425,656
	Vanguard	Vngrd Wlsly Inc Adml	83,987
	Vanguard	Vngrd Wndsr Adml	233,854
	State Street	State Street Balanced Index Fund - Class K	478,210
		Total Mutual Funds	<u>16,736,839</u>
		Total Investments	16,828,372
*	Participant Loans	Interest rate, ranging from 5.25%-10.50%	<u>287,307</u>
		Plan Assets - Schedule H, Line 4i	\$ <u>17,115,679</u>

(a) * Indicates Parties of Interest

Note: As permitted under the reporting requirements of individual account plans, column (d), Cost, has been omitted from the schedule above.

BRILLIANT CORNERS RETIREMENT PLAN

EIN 56-2379862; PLAN NUMBER 1

SCHEDULE H, LINE 4a

SUPPLEMENTAL SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

PLAN YEAR ENDED DECEMBER 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: Yes	Contributions <u>Not Corrected</u> \$ 434,835.87	Contributions Corrected <u>Outside VFCP</u> \$ 139,977.54	Contributions Pending Correction <u>in VFCP</u> -	-

SCHEDULE OF LATE REMITTANCE

Contributions Corrected outside of VHCP

Pay date	Remittance date	EE Pretax	Loan Payment	Roth EE	Total
01/26/24	03/12/24	\$ 42,247.42	\$ 4,130.12	\$ 23,213.48	\$ 69,591.02
02/09/24	03/11/24	42,217.90	4,157.42	24,011.20	70,386.52
		<u>\$ 84,465.32</u>	<u>\$ 8,287.54</u>	<u>\$ 47,224.68</u>	<u>\$ 139,977.54</u>

Contributions Not Corrected

02/23/24	03/11/24	42,246.74	4,228.70	24,041.06	70,516.50
05/03/24	05/20/24	43,977.37	4,009.17	25,646.96	73,633.50
07/12/24	07/31/24	44,877.88	5,145.58	27,467.94	77,491.40
07/26/24	08/16/24	40,929.19	4,657.50	25,429.64	71,016.33
09/20/24	09/30/24	40,833.95	5,861.46	25,704.45	72,399.86
11/15/24	11/29/24	38,615.64	6,678.27	24,484.37	69,778.28
		<u>\$ 251,480.77</u>	<u>\$ 30,580.68</u>	<u>\$ 152,774.42</u>	<u>\$ 434,835.87</u>

BRILLIANT CORNERS RETIREMENT PLAN

EIN 56-2379862; PLAN NUMBER 1

SCHEDULE H, LINE 4a

SUPPLEMENTAL SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

PLAN YEAR ENDED DECEMBER 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: Yes	Contributions <u>Not Corrected</u> \$ 434,835.87	Contributions Corrected <u>Outside VFCP</u> \$ 139,977.54	Contributions Pending Correction <u>in VFCP</u> -	-

SCHEDULE OF LATE REMITTANCE

Contributions Corrected outside of VHCP

Pay date	Remittance date	EE Pretax	Loan Payment	Roth EE	Total
01/26/24	03/12/24	\$ 42,247.42	\$ 4,130.12	\$ 23,213.48	\$ 69,591.02
02/09/24	03/11/24	42,217.90	4,157.42	24,011.20	70,386.52
		<u>\$ 84,465.32</u>	<u>\$ 8,287.54</u>	<u>\$ 47,224.68</u>	<u>\$ 139,977.54</u>

Contributions Not Corrected

02/23/24	03/11/24	42,246.74	4,228.70	24,041.06	70,516.50
05/03/24	05/20/24	43,977.37	4,009.17	25,646.96	73,633.50
07/12/24	07/31/24	44,877.88	5,145.58	27,467.94	77,491.40
07/26/24	08/16/24	40,929.19	4,657.50	25,429.64	71,016.33
09/20/24	09/30/24	40,833.95	5,861.46	25,704.45	72,399.86
11/15/24	11/29/24	38,615.64	6,678.27	24,484.37	69,778.28
		<u>\$ 251,480.77</u>	<u>\$ 30,580.68</u>	<u>\$ 152,774.42</u>	<u>\$ 434,835.87</u>

BRILLIANT CORNERS RETIREMENT PLAN

EIN 56-2379862; PLAN NUMBER 1

SCHEDULE H, LINE 4i

**SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS
DECEMBER 31, 2024**

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value		Current Value
* Nationwide Life Insurance Company	Best Of America Fixed		\$ 91,533
Mutual Funds:			
American Century	Amcent Focs Dynmc		26,139
American Funds	Amfds 2050 Trgtdtrtrmt R6		103,326
American Funds	Amfds 2055 Trgtdtrtrmt R6		46,162
American Funds	Amfds 2060 Trgtdtrtrmt R6		11,974
American Funds	Amfds Am Hi Inc Tr R6		9
American Funds	Amfds New Wld R6		42,421
AQR Funds	Aqr Eq Mkt Nutrl I		118,661
Artisan Funds	Artisan Intl Val Inst		59,008
Baird Funds	Baird Cor Pls Bd Inst		46,587
Blackrock	Blkrk 80/20 Trgtalloc Inst		1,124,562
Blackrock	Blkrk Strat Inc Oppr I		12,167
BNY Mellon	Bnymel Glbl Rtn I		14
Brown	Brown Advisory Sustainable Growth Fund - Institutional Shar		44,772
Cohen & Steers Funds	Cohenstrs Realest Sec Inst		32,817
Columbia Funds	Col Emrg Mkt Bd Inst2		9
Doubleline	Dbline Cor Fxd Inc I		731,864
DFA Investment Dimensions Group Inc.	Dfa Glbl Realest Sec Inst		20
DFA Investment Dimensions Group Inc.	Dfa Intl Lgcap Gr		223,776
DFA Investment Dimensions Group Inc.	Dfa Us Smcap Inst		183,934
Federated Hermes, Inc.	Fed Hrms Gov Oblgtns Prmr		367,012
Federated Hermes, Inc.	Fed Hrms Inst Hiyldbd Inst		33,145
Federated Hermes, Inc.	Fed Hrms Shintdtrtbd Inst		151,978
Fidelity Investments	Fid Us Bd Indx		392
Fidelity Investments	Fid 500 Indx		696,181
Fidelity Investments	Fid Infl Prtct Bd Indx		9,321
Goldman Sachs Trust	Gdmnscs Insmcpinsight Inst		4,890
JPMorgan	Jpm Eq Inc R5		88
JPMorgan	Jpm Lgcap Gr R6		97,568
Legg Mason Partners Equity Trust	Leggm Clrbrdg Lgcap Gr I		64,814
Metropolitan West Asset Management	Tcw Metwst Ultra Short Bnd Fnd - Class I		290,019
* Nationwide	Nw Geneva Smcapgr Inst Svc		207,336
* Nationwide	Nw Inv Dest Aggr R6		34,326
Impax Asset Management	Impax Sustnbl Alloc Inst		2,734
PIMCO	Pimco Intl Bdustrldrhginst		11,778
PIMCO	Pimcocomdyrealtrnstratinst		59
Principal	Prncpl Mdcap R6		37,070
Putnam	Putnam Large Cap Growth Fund - Class Y		588,024
Nuveen	Nuveen Lifecycle Index 2020 Fund - Class R6		15,564

BRILLIANT CORNERS RETIREMENT PLAN

EIN 56-2379862; PLAN NUMBER 1

**SCHEDULE H, LINE 4i
SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
MODIFIED CASH BASIS, CONTINUED
DECEMBER 31, 2024**

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Current Value
	Mutual Funds, continued:		
	Nuveen	Nuveen Lifecycle Index 2010 Fund - Class R6	\$ 33,576
	Nuveen	Nuveen Lifecycle Index 2015 Fund - Class R6	13,021
	Nuveen	Nuveen Lifecycle Index 2025 Fund - Class R6	97,499
	Nuveen	Nuveen Lifecycle Index Retirement Income Fund - Class R6	642
	Nuveen	Nuveen Lifecycle Index 2030 Fund - Class R6	104,519
	Nuveen	Nuveen Lifecycle Index 2035 Fund - Class R6	271,850
	Nuveen	Nuveen Lifecycle Index 2040 Fund - Class R6	657,432
	Nuveen	Nuveen Lifecycle Index 2045 Fund - Class R6	1,490,757
	Nuveen	Nuveen Lifecycle Index 2050 Fund - Class R6	1,014,554
	Nuveen	Nuveen Lifecycle Index 2055 Fund - Class R6	1,889,052
	Nuveen	Nuveen Lifecycle Index 2060 Fund - Class R6	1,589,455
	Nuveen	Nuveen Lifecycle Index 2065 Fund - Class R6	286,732
	Nuveen	Nuveen Large Cap Responsible Equity Fund - Class R6	57,625
	Victory	Victory Sycamore Established Value Fund - Class I	168,514
	Vanguard	Vngrd 500 Index Fd As	24,711
	Vanguard	Vngrd Comdty Strat Adml	111,812
	Vanguard	Vngrd Divd Gr Inv	343,735
	Vanguard	Vngrd Emrg Mkt Stkindxadml	69,991
	Vanguard	Vngrd Gnma Adml	24,550
	Vanguard	Vngrd Gr Indx Adml	33,866
	Vanguard	Vngrd Infl Prtct Sec Adml	3,841
	Vanguard	Vngrd Intl Gr Adml	118
	Vanguard	Vngrd Intl Val Inv	153,199
	Vanguard	Vngrd Mdcap Gr Indx Adml	12,213
	Vanguard	Vngrd Mid-Cap Idx Fd As	20,647
	Vanguard	Vngrd Smcap Gr Indx Adml	8,695
	Vanguard	Vngrd St Invmt Grd Adml	56
	Vanguard	Vngrd Ttl Bnd Mkt Ldx Adm	80,622
	Vanguard	Vngrd Ttl Intl Bd Idx Adml	1,079
	Vanguard	Vngrd Ttl Intlstkindx Adml	741,951
	Vanguard	Vngrd Ttl Stmkt Indx Fd As	788,297
	Vanguard	Vngrd Val Indx Adml	425,656
	Vanguard	Vngrd Wlsly Inc Adml	83,987
	Vanguard	Vngrd Wndsr Adml	233,854
	State Street	State Street Balanced Index Fund - Class K	478,210
		Total Mutual Funds	<u>16,736,839</u>
		Total Investments	16,828,372
*	Participant Loans	Interest rate, ranging from 5.25%-10.50%	<u>287,307</u>
		Plan Assets - Schedule H, Line 4i	\$ <u>17,115,679</u>

(a) * Indicates Parties of Interest

Note: As permitted under the reporting requirements of individual account plans, column (d), Cost, has been omitted from the schedule above.