

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BROADCASTMED 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1999
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BROADCASTMED, INC. 195 FARMINGTON AVE. STE 220 FARMINGTON, CT 06032
2b	Employer Identification Number (EIN) 06-1401536
2c	Plan Sponsor's telephone number 860-760-4209
2d	Business code (see instructions) 512100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	CHARLIE LEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 292
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) 275 6a(2) 267 6b 12 6c 85 6d 364 6e 0 6f 364 6g(1) 219 6g(2) 307 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3H

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BROADCASTMED 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BROADCASTMED, INC.	D Employer Identification Number (EIN) 06-1401536	

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.
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1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	517122-01	177	01/01/2023	12/31/2023

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

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	

(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	

(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** 581110**5** Current value of plan's interest under this contract in separate accounts at year end **5****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. **6d**
Specify nature of costs ▶**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 ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 231470**c** Additions: (1) Contributions deposited during the year **7c(1)** 98854
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 6922
(4) Transferred from separate account **7c(4)** 2419362
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 2525138**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2756608**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 303518(2) Administration charge made by carrier **7e(2)** -10692(3) Transferred to separate account **7e(3)** 1882672(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 2175498**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 581110

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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan BROADCASTMED 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BROADCASTMED, INC.	D Employer Identification Number (EIN) 06-1401536

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

PENSION CONSULTANTS INC

10 WATERSIDE DRIVE
FARMINGTON, CT 06032

(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?
13	CONTRACT ADMIN	3390	Yes ☒ No ☐	Yes ☐ No ☒	43107	Yes ☐ No ☒

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

UBS FINANCIAL SERVICES INC

315 DEADERICK ST
5TH FLOOR
NASHVILLE, TN 37238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISOR OTHER	40172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	21612	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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
PENSION CONSULTANTS INC	13	43107
(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.	
EMPOWER ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BROADCASTMED 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BROADCASTMED, INC.		
D Employer Identification Number (EIN) 06-1401536		

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)	340042	38038
(2) Participant contributions	1b(2)	0	2808
(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)	47460	101623
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3275386	15392151
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	231470	581110
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3894358	16115730
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3894358	16115730

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)	750059	
(B) Participants	2a(1)(B)	1633716	
(C) Others (including rollovers)	2a(1)(C)	123913	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2507688
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)	5681	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5681
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		1779837
(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)		
c Other income	2c		1
d Total income. Add all income amounts in column (b) and enter total	2d		4293207

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6613155	
(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)		6613155
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	65024	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		65024
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6678179

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2384972
l Transfers of assets:			
(1) To this plan	2l(1)		14606344
(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: **KAHN, LITWIN, RENZA & CO., LTD**

(2) EIN: **05-0409384**

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.)	☒	☐	363645
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☒	☐	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BROADCASTMED 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BROADCASTMED, INC.		D Employer Identification Number (EIN) 06-1401536
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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
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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
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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 05 / 26 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q704488A.

BROADCASTMED 401(K) PLAN

Financial Statements and Supplemental Schedules

December 31, 2023 (Audited) and 2022 (Compiled)

(With Independent Auditors' Report Thereon)

**BROADCASTMED 401(K) PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

December 31, 2023 (Audited) and 2022 (Compiled)

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Plan Benefits	5
Statement of Changes in Net Assets Available for Plan Benefits	6
Notes to the Financial Statements	7
SUPPLEMENTAL SCHEDULES (Note A):	
Schedule of Delinquent Participant Contributions	16
Schedule of Assets (Held at End of Year)	17

Note A: Schedules not included with this supplemental data have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
BroadcastMed 401(k) Plan:

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

We have performed an audit of the financial statements of the BroadcastMed 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statement of Net Assets Available for Plan Benefits as of December 31, 2023, and the related Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section -

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 accounting principles generally accepted in the United States of America.

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

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

Report on Compiled 2022 Financial Statement

Plan management is responsible for the accompanying financial statement of the Plan, which comprises the Statement of Net Assets Available for Plan Benefits as of December 31, 2022. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statement of the Plan as of December 31, 2022.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and Schedule of Assets (Held at End of Year) as of December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Kahn, Litwin, Kenya & Co, Ltd.

October 11, 2024

BROADCASTMED 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2023 (Audited) and 2022 (Compiled)



	<u>2023</u>	<u>2022</u>
Assets		
Investments:		
Mutual funds, at fair value	\$ 15,392,151	\$ 3,275,386
Fully benefit-responsive guaranteed investment contract, at contract value	581,110	231,470
	<u>15,973,261</u>	<u>3,506,856</u>
Receivables:		
Participant contributions	2,808	-
Employer contributions	38,038	340,042
Participant notes	101,623	47,460
	<u>142,469</u>	<u>387,502</u>
Net Assets Available for Plan Benefits	<u><u>\$ 16,115,730</u></u>	<u><u>\$ 3,894,358</u></u>

BROADCASTMED 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Year Ended December 31, 2023



Additions to net assets attributed to:

Investment income:

Interest and dividends	\$ 428,889
Net appreciation in fair value of investments	1,350,949
	<u>1,779,838</u>

Interest income from participant notes receivable	<u>5,681</u>
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Contributions:

Participant	1,633,716
Employer	750,059
Rollovers	123,913
	<u>2,507,688</u>

Total additions	<u>4,293,207</u>
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Deductions from net assets attributed to:

Benefits paid to participants	6,613,155
Administrative expenses	65,024
Total deductions	<u>6,678,179</u>

Net decrease before transfer of assets	(2,384,972)
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Transfer of assets into the Plan (Note 1)	<u>14,606,344</u>
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Net increase	12,221,372
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Net Assets Available for Plan Benefits:

Beginning of year	<u>3,894,358</u>
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End of year	<u><u>\$ 16,115,730</u></u>
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BROADCASTMED 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023 (Audited) and 2022 (Compiled)



1. Description of the Plan

The following description of the BroadcastMed 401(k) Plan (the Plan) is intended to provide only general information regarding the Plan. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a participant-directed defined contribution 401(k) plan, covering substantially all eligible employees of BroadcastMed, LLC (the Employer, Plan Sponsor or Company), as defined in the Plan Agreement. The Plan was established by the Employer on January 1, 1999. The Plan covers all employees upon reaching age 21, excluding non-resident aliens and Puerto Rico residents, who complete 400 hours of service within three months. If this service requirement is not met, employees become eligible after one year of service. Eligible employees can enroll at the start of the first pay period after meeting eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor is also the Plan Administrator, with the trustees of the Plan being officers of the Company. As Plan Administrator, the Plan Sponsor has the exclusive authority and responsibility for all matters in connection with the operation and administration of the Plan.

On December 1, 2022, the Plan Administrator adopted a resolution to merge the assets of the Digitell, Inc. 401(k) Plan, Aegis Publications, LLC 401(k) Plan, Pentavision, LLC 401(k) Profit Sharing Plan and Trust, and Harborside Press 401(k) Plan into this Plan. The merger was effective as of February 1, 2023, and assets totaling \$14,606,344 were transferred into the Plan, including participant notes receivable of approximately \$8,600.

The Plan's custodians are Empower Annuity Insurance Company of America (EAICA) and Empower Trust Company, LLC (ETC) (collectively, Empower), formerly known as Great-West Life and Annuity Insurance Company and Great West Trust Company, respectively. EAICA is also the Plan's recordkeeper.

Contributions

Participants may elect to contribute up to 90% of their annual pretax or after-tax compensation, as defined in the Plan, subject to limitations by the Internal Revenue Code (IRC). Participants who are eligible to make elective deferrals under the Plan and who have attained the age of 50 before the close of the plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the IRC. Rollover contributions representing distributions from other qualified defined contribution or defined benefit plans are permitted by the Plan.

BROADCASTMED 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023 (Audited) and 2022 (Compiled)



The Plan may elect to make discretionary matching and discretionary profit-sharing contributions to the Plan, in amounts determined by the Company according to Plan provisions. Employer discretionary matching contributions are allocated based on the participant's elective deferral not to exceed 4%. There were no discretionary matching or discretionary profit-sharing contributions for the year ended December 31, 2023.

The Employer's safe harbor matching contribution is equal to 100% of the participant's elective deferrals up to 3% of their eligible compensation, plus 50% of the participant's elective deferrals between 3% and 5% of eligible compensation, as determined on an annual basis. The safe-harbor matching contribution for the year ended December 31, 2023 was approximately \$750,000.

Before the merger of the Harborside Press 401(k) Plan (HP Plan) into this Plan, participants in the HP Plan were eligible for discretionary profit-sharing contributions.

Participant Accounts

Each participant's account is credited with the participant's contribution and their allocations of (a) the Employer safe harbor matching, Employer discretionary matching and Employer discretionary profit-sharing contributions, if any, (b) Plan earnings (losses) and (c) administrative expenses. Plan earnings (losses) and expenses are allocated to participant accounts based on participant account balances, or as a specific dollar amount based on number of participants in the plan, as defined in the Plan Document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions, rollover contributions, and all Employer contributions (including safe harbor, discretionary matching, and discretionary profit-sharing contributions) and accrued earnings thereon. Participants from the HP Plan who were active employees as of the merger date became 100% vested in the HP Plan's discretionary profit-sharing contributions.

Participant Notes Receivable

Participants may borrow from their account a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000, or 50% of their vested account balance. Note terms range from one to five years, with the exception of notes whose proceeds are used for the purchase of a participant's primary residence, which must be repaid over a reasonable period of time, as determined by the Plan Administrator. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with the local prevailing prime interest rate plus 2% as determined by the Plan Administrator. Principal and interest is paid ratably through payroll deductions. Participants may not have more than two loans outstanding at any given time.

BROADCASTMED 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023 (Audited) and 2022 (Compiled)



Payment of Benefits

Participants may elect to withdraw all or a portion of their Rollover account at any time. Upon retirement from service, total and permanent disability, termination of employment or death, participants will receive a lump-sum distribution in accordance with the provisions of the Plan. Participants who have reached age 59 ½ may elect to withdraw all or a portion of their vested account balance while still employed by the Employer.

In the event of death, benefits are payable to the participant's surviving spouse or designated beneficiary. Terminated participants with vested account balances equal to or less than \$5,000 may be involuntarily removed from the Plan with a lump-sum distribution.

During 2023, the Plan adopted a provision of the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE) Act 2.0, which increased the age of the required distributions to begin from 72 to 73 (or, if later, termination of employment).

Hardship Withdrawals

Hardship distributions are permitted from the participant vested elective deferral accounts subject to limitations imposed by the IRC.

Forfeitures

Forfeitures of non-vested discretionary profit-sharing contributions may be used to pay administrative expenses and reduce Employer contributions to the Plan. At December 31, 2023 and 2022, forfeited non-vested accounts totaled \$12,362 and \$26, respectively. During 2023, no forfeitures were used to offset Plan expenses or Employer contributions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Valuation of Investments and Income Recognition

Investments are reported at fair value, except for a fully benefit-responsive investment contract, which is reported at contract 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 (Note 3).

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

BROADCASTMED 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023 (Audited) and 2022 (Compiled)



Fully Benefit-responsive Investment Contracts

Authoritative guidance defines the circumstances in which an investment contract is considered fully benefit-responsive and provides certain reporting and disclosure requirements for fully benefit-responsive investment contracts held by defined contribution, health and welfare and pension plans.

The Plan has an investment in the Empower Investments Fixed Account – Series Class I, which is a group annuity contract issued and backed by Empower that meets this requirement. The Plan’s investment in this fund, which represents contributions and reinvested interest income, less withdrawals and expenses, plus or minus net participant-directed transfer activity with the Plan’s other investment funds, is recorded at contract value.

Participant Notes Receivable

Participant notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest and are secured by the balance in the participant’s account. Interest income on participant notes receivable is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when incurred. A receivable is considered past due if payment has not been received within the stated terms. Delinquent participant notes receivable are reclassified as distributions based on terms of the Plan document. No allowance for credit losses have been recorded as of December 31, 2023 and 2022.

Contributions

Participant elective deferral contributions and Employer safe harbor matching contributions are recorded with each payroll period when the Employer remits the payroll deductions for investment into the Plan. Employer discretionary matching contributions and Employer discretionary profit-sharing contributions are recorded and remitted annually, if applicable.

Payment of Benefits

Benefits are recognized when paid to participants or their designated beneficiaries.

Administrative Revenue and Expenses

Certain expenses incurred in the administration of the Plan are paid by the Employer, unless the Employer directs that such expenses shall be paid by the Plan. Expenses that are paid by the Employer are excluded from these financial statements. Participant notes receivable setup and maintenance fees are paid directly by the participants through a reduction in their account and are included in administrative expenses. Investment management and recordkeeping fees, if applicable, are paid by the Plan through revenue sharing as a reduction of investment income (net appreciation or depreciation) and not reflected separately in the Statement of Changes in Net Assets Available for Plan Benefits.

BROADCASTMED 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023 (Audited) and 2022 (Compiled)



Administrative revenue arises when investment managers return a portion of the investment fees to the recordkeeper to offset the administrative expenses. Any excess resulting from this revenue credit remains in an unallocated account from which future Plan expenses can be paid or allocated to participant accounts. The Plan held unallocated administrative revenues, including interest thereon, of approximately \$12,800 at December 31, 2023. There were no unallocated administrative revenues held at December 31, 2022. During 2023, no administrative revenues were used to reduce Plan expenses.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported changes in net assets. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment options with various investment objectives. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 Plan Benefits.

The Plan invested in three mutual funds that accounted for approximately 38% of total Plan investments as of December 31, 2023. The Plan invested in two mutual funds that accounted for approximately 69% of total Plan investments as of December 31, 2022.

Financial Instruments with a Concentration of Credit Risk

The Plan's investments are held by two custodians. The Plan's exposure to credit risk is associated with the outside entities non-performance of their fiduciary responsibilities relating to these amounts as specified in the agreements. Benefits provided by the Plan are not insured or guaranteed by the Pension Benefit Guaranty Corporation.

Subsequent Events

Management has evaluated subsequent events through October 11, 2024, which is the date these financial statements were available to be issued.

BROADCASTMED 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023 (Audited) and 2022 (Compiled)



3. Fair Value Measurements

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

Level 1 inputs are unadjusted quoted prices in active markets for identical assets the Plan has the ability to access.

Level 2 inputs are other than quoted prices in active markets that are observable either directly or indirectly for the asset. Such inputs are derived principally from or corroborated by observable market data for similar assets by correlation or other means, over substantially the full contractual term of the asset, if applicable.

Level 3 inputs are unobservable and significant to the fair value measurement. Such inputs generally rely on the Plan's own assumptions about the assumptions that market participants would use in pricing the asset.

The asset'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.

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

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

As of December 31, 2023 and 2022, the Plan's investments in mutual funds are reported at level 1 within the fair value hierarchy.

4. Fully Benefit-Responsive Investment Contract

The Plan has entered into a group annuity investment contract with Empower. Amounts held in connection with this contract may be held in Empower's general account or separate accounts which invest in mutual funds advised by Empower, mutual funds sub-advised by third parties, mutual funds managed by external mutual fund companies or invested directly in securities. Contributions allocated to the interest accumulation account are invested in the general account of, and are guaranteed by, Empower.

BROADCASTMED 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023 (Audited) and 2022 (Compiled)



All other contributions allocated to any investment fund become part of separate accounts and are maintained separately from the general assets of Empower. The value of the contract included in the financial statements, as reported to the Plan by Empower, is equal to the sum of the contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses, which approximates fair value.

The contract value of funds allocated to the group annuity account with the insurance carrier at December 31, 2023 and 2022 were \$581,110 and \$231,470, respectively, which approximate fair value. The effective annual yield and crediting interest rate was 1.23% for the year ended December 31, 2023.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Certain events limit the Plan's ability to transact with Empower. Such events include the following: amendments to the Plan documents, changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, bankruptcy of the Employer or other Employer events that cause a significant withdrawal from the Plan, or the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with Plan participants is not probable.

5. Plan Termination

The Employer expects to continue the Plan indefinitely. However, the Employer reserves the right to amend the Plan or contributions thereto, at any time and in any manner that it deems advisable, provided that no amendment shall have the effect of diverting Plan assets for purposes other than for the exclusive benefit of the Plan participants. Any Plan termination would be subject to the provisions of ERISA. If the Plan is terminated, the participants would become fully vested and entitled to receive all amounts credited to their accounts.

6. Income Tax Status

The Plan is an adoption of a non-standardized pre-approved defined contribution plan which received an opinion letter from the Internal Revenue Service (IRS) dated May 26, 2021. The Plan has been amended since receiving the opinion letter in order to comply with the latest applicable tax laws and regulations. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

BROADCASTMED 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023 (Audited) and 2022 (Compiled)



Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Summary of Financial Data Certified by the Custodians

The following is a summary of financial information and data certified by, EAICA and ETC, the custodians of the Plan:

Statements of Net Assets Available for Plan Benefits at December 31, 2023 and 2022, except for contributions receivables;

Investment income and interest income from participant notes receivable on the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2023 and;

Investment information provided on the supplemental schedule, Schedule of Assets (Held at End of Year) at December 31, 2023.

8. Differences from Form 5500

Differences between the Annual Return/Report of Employee Benefit Plan, Form 5500, and these financial statements are a result of different classifications between line items. Total Plan assets are in agreement.

9. Related Party Transactions and Party-in-Interest Transactions

Plan investments are held and managed by Empower, the custodian and recordkeeper of the Plan. Fees paid for investment management services are paid directly to UBS Financial Services Inc. (UBS). Fees paid for third party administrative services are paid directly to Pension Consultants, Inc. (PCI). Therefore, these transactions qualify as party-in-interest transactions. The Plan made direct payments of approximately \$40,000 to UBS, approximately \$3,400 to PCI, and approximately \$21,600 to Empower for the year ended December 31, 2023. In addition, participant notes receivable also qualify as party-in-interest transactions.

BROADCASTMED 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2023 (Audited) and 2022 (Compiled)



10. Non-exempt Transactions

During the years ended December 31, 2023, and 2022, the Employer failed to remit participant contributions of \$348,498 and \$15,147, respectively, to the Plan on a timely basis as prescribed in the applicable Department of Labor Regulation 29 CFR 2510.3-10. Defined contribution plans must remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld or received by the Employer.

During 2023, the Employer remitted untimely participant contributions of \$348,498 due to the Plan for the year ended December 31, 2023. During 2022, the Employer remitted untimely participant contributions of \$15,147 due to the Plan for the year ended December 31, 2022. The Employer is currently working with its third-party administrator to calculate and remit any lost earnings associated with these late remittances.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

BroadcastMed, LLC 401(k) Plan

01-JAN-23 to 31-DEC-23

27-JAN-24 02:39:11

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2DGCXX	12,704,276.86	12,704,276.860000	3	(12,704,276.86)	(12,704,276.860000)	6	(12,704,276.86)	SERIES
3DGCXX	1,105.12	1,105.120000	4	(1,105.12)	(1,105.120000)	3	(1,105.12)	SERIES
2GWAQ35	1,610,897.03	0.000000	1	(1,611,149.37)	0.000000	3	(1,611,149.37)	SERIES
3GWAQ35	46,543.11	0.000000	5	(34,530.33)	0.000000	1	(34,530.33)	SERIES
4GWAQ35	13,072.68	0.000000	11	(141.61)	0.000000	25	(141.61)	SERIES
1RFJTX	761,315.25	65,431.266485	182	(457,026.59)	(37,509.363439)	63	(436,328.78)	SERIES
1RRCTX	812,410.73	64,427.899374	286	(1,599,308.04)	(126,814.613409)	153	(1,586,187.55)	SERIES
1RFDTX	2,129,342.18	151,412.542036	908	(1,346,463.09)	(94,803.426757)	323	(1,327,897.07)	SERIES
1RFETX	2,382,332.31	155,471.330087	1513	(92,818.92)	(6,073.155517)	332	(92,617.80)	SERIES
1RFFTX	2,579,242.47	156,963.027838	1683	(1,749,542.98)	(103,291.159696)	441	(1,687,641.23)	SERIES
1RFGTX	1,324,010.78	77,306.027750	1104	(148,488.53)	(8,262.754581)	269	(140,463.80)	SERIES
1RFHTX	1,394,591.84	79,968.411949	1378	(462,070.93)	(26,776.500910)	342	(463,733.96)	SERIES
1RFITX	1,488,700.05	86,892.993006	2121	(483,186.33)	(28,352.822117)	555	(480,533.62)	SERIES
1RFKTX	1,098,382.79	50,759.555388	2143	(40,119.37)	(1,819.443663)	475	(38,945.09)	SERIES
1RFUTX	464,102.91	31,826.235749	1972	(59,233.32)	(3,993.793229)	474	(57,706.07)	SERIES
1RFVTX	581,127.34	41,558.966288	464	(536,610.38)	(36,831.073877)	111	(514,445.86)	SERIES
1RNWGX	32,285.77	449.776885	106	(6.95)	(0.095361)	9	(6.74)	SERIES
1RLLGX	18,246.18	283.849740	198	(318.47)	(5.135039)	47	(316.39)	SERIES
1FSPSX	153,084.39	3,400.439474	579	(70,447.93)	(1,582.088985)	124	(70,332.42)	SERIES
1MGRDX	79,329.16	2,041.197305	250	(16,407.64)	(404.996052)	118	(15,707.06)	SERIES
1DFREX	25,203.23	648.498257	241	(103.36)	(2.849344)	33	(105.61)	SERIES
1BSMKX	201,650.88	13,797.732443	641	(54,447.75)	(3,880.210357)	148	(56,918.15)	SERIES
1FSMDX	293,358.17	10,538.202099	992	(5,895.83)	(217.887697)	187	(5,784.64)	SERIES
1FXAIX	1,842,249.90	12,730.150585	2264	(410,781.95)	(2,829.177142)	405	(397,806.12)	SERIES
1VGINX	357,924.85	5,014.989719	1034	(45,962.29)	(650.172532)	201	(46,851.84)	SERIES
1MFEKX	195,737.36	1,242.824358	686	(1,575.90)	(10.720914)	110	(1,527.27)	SERIES
1JABNX	10,991.48	273.417804	56	(8,149.99)	(203.837065)	26	(8,034.45)	SERIES
1DIPSX	12,226.88	1,118.359787	112	(12,326.06)	(1,134.146234)	77	(12,398.62)	SERIES
1PIMIX	167,660.22	15,883.103554	551	(92,942.47)	(8,795.094387)	123	(92,868.67)	SERIES
1PHYQX	31,147.95	6,689.063802	322	(1,022.80)	(223.865122)	57	(1,030.77)	SERIES
1PTRQX	27,218.79	2,356.828916	137	(217.24)	(18.284876)	44	(219.54)	SERIES
1DGCXX	12,718,160.58	12,718,160.580000	1138	(12,718,160.58)	(12,718,160.580000)	836	(12,718,160.58)	SERIES
1GWAQ35	860,448.68	0.000000	858	(542,421.56)	0.000000	1156	(542,421.56)	SERIES

5% TRANSACTIONS

2GWAQ35	1,610,897.03	0.000000	1	0.00	0.000000	0	0.00	01-FEB-23
1DGCXX	12,703,172.95	12,703,172.950000	410	0.00	0.000000	0	0.00	01-FEB-23
2GWAQ35	0.00	0.000000	0	(1,611,149.37)	0.000000	3	(1,611,149.37)	06-FEB-23
1RFGTX	179,505.25	10,584.035967	8	0.00	0.000000	0	0.00	06-FEB-23
1RFHTX	654,534.65	37,790.684179	64	0.00	0.000000	0	0.00	06-FEB-23
1RFITX	215,351.15	12,705.082593	47	0.00	0.000000	0	0.00	06-FEB-23
1RFJTX	542,610.02	46,575.967382	5	0.00	0.000000	0	0.00	07-FEB-23
1RRCTX	311,628.60	24,673.681710	5	0.00	0.000000	0	0.00	07-FEB-23
1RFDTX	910,108.23	64,684.309170	22	0.00	0.000000	0	0.00	07-FEB-23
1RFETX	770,263.92	50,278.323760	18	0.00	0.000000	0	0.00	07-FEB-23
1RFFTX	1,327,166.43	80,678.810334	31	0.00	0.000000	0	0.00	07-FEB-23
1RFGTX	220,211.55	12,885.403745	14	0.00	0.000000	0	0.00	07-FEB-23
1RFITX	197,093.08	11,525.911111	11	0.00	0.000000	0	0.00	07-FEB-23
1RFKTX	341,047.54	15,877.445996	26	0.00	0.000000	0	0.00	07-FEB-23
1RFVTX	468,993.10	33,427.875980	4	0.00	0.000000	0	0.00	07-FEB-23
1FXAIX	952,684.64	6,590.692772	28	0.00	0.000000	0	0.00	07-FEB-23
1DGCXX	0.00	0.000000	0	(6,884,032.12)	(6,884,032.120000)	192	(6,884,032.12)	07-FEB-23

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

BroadcastMed, LLC 401(k) Plan

01-JAN-23 to 31-DEC-23

27-JAN-24 02:39:11

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1RRCTX	392,683.03	31,239.700079	19	0.00	0.000000	0	0.00	15-FEB-23
1RFDTX	819,017.91	58,459.522483	21	0.00	0.000000	0	0.00	15-FEB-23
1RFETX	1,086,803.87	71,219.126474	32	0.00	0.000000	0	0.00	15-FEB-23
1RFFTX	759,165.46	46,262.368068	21	0.00	0.000000	0	0.00	15-FEB-23
1RFGTX	652,867.62	38,268.910904	22	0.00	0.000000	0	0.00	15-FEB-23
1RFHTX	446,358.27	25,608.621343	22	0.00	0.000000	0	0.00	15-FEB-23
1RFITX	689,177.89	40,373.631517	39	0.00	0.000000	0	0.00	15-FEB-23
1FXAIX	203,079.35	1,409.196794	17	(37.93)	(0.263202)	6	(36.13)	15-FEB-23
1DGCXX	0.00	0.000000	0	(5,819,140.83)	(5,819,140.830000)	218	(5,819,140.83)	15-FEB-23
1RFHTX	0.00	0.000000	0	(267,940.99)	(15,807.728565)	3	(273,725.39)	21-FEB-23
1FXAIX	229,885.29	1,654.684301	3	0.00	0.000000	0	0.00	21-FEB-23
1RFDTX	0.00	0.000000	0	(297,084.93)	(21,685.031406)	2	(303,807.29)	14-MAR-23
1RFFTX	0.00	0.000000	0	(288,653.91)	(17,622.338714)	10	(289,308.45)	03-MAY-23
1FXAIX	0.00	0.000000	0	(258,948.83)	(1,802.637122)	4	(250,696.45)	05-MAY-23
1GWAQ35	258,948.83	0.000000	4	0.00	0.000000	0	0.00	05-MAY-23
1RRCTX	1,950.86	154.462391	6	(1,365,659.39)	(108,128.217085)	12	(1,350,815.97)	17-MAY-23
1RFFTX	8,813.64	535.458081	56	(385,085.77)	(23,395.247523)	6	(383,916.01)	17-MAY-23
1RFVTX	0.00	0.000000	0	(535,980.45)	(36,786.578703)	10	(513,825.05)	20-JUN-23
1GWAQ35	0.00	0.000000	0	(264,149.51)	0.000000	324	(264,149.51)	13-JUL-23
1RFITX	0.00	0.000000	0	(244,772.61)	(14,347.749889)	40	(244,849.13)	19-OCT-23
1RFDTX	0.00	0.000000	0	(210,570.73)	(15,494.534261)	8	(217,908.93)	27-OCT-23
1RFJTX	0.00	0.000000	0	(432,170.29)	(35,423.794462)	12	(412,077.17)	13-DEC-23
1RFDTX	0.00	0.000000	0	(417,725.19)	(28,016.445391)	8	(393,739.16)	13-DEC-23
1RFFTX	0.00	0.000000	0	(578,851.65)	(32,465.039169)	10	(532,261.06)	13-DEC-23

LEGEND

INVESTMENT OPTION:

2DGCXX	Dreyfus Government Cash Mgmt Instl	3DGCXX	Dreyfus Government Cash Mgmt Instl
2GWAQ35	EI Fixed Account - Series Class I	3GWAQ35	EI Fixed Account - Series Class I
4GWAQ35	EI Fixed Account - Series Class I	1RFJTX	American Funds 2015 Trgt Date Retire R6
1RRCTX	American Funds 2020 Trgt Date Retire R6	1RFDTX	American Funds 2025 Trgt Date Retire R6
1RFETX	American Funds 2030 Trgt Date Retire R6	1RFFTX	American Funds 2035 Trgt Date Retire R6
1RFGTX	American Funds 2040 Trgt Date Retire R6	1RFHTX	American Funds 2045 Trgt Date Retire R6
1RFITX	American Funds 2050 Trgt Date Retire R6	1RFKTX	American Funds 2055 Trgt Date Retire R6
1RFUTX	American Funds 2060 Trgt Date Retire R6	1RFVTX	American Funds 2065 Trgt Date Retire R6
1RNWGX	American Funds New World R6	1RLLGX	American Funds SMALLCAP World R6
1FSPSX	Fidelity International Index	1MGRDX	MFS International Growth R6
1DFREX	DFA Real Estate Securities I	1BSMKX	iShares Russell Small/Mid-Cap Index K
1FSMDX	Fidelity Mid Cap Index	1FXAIX	Fidelity 500 Index
1VGINX	JPMorgan U.S. Value R6	1MFEKX	MFS Growth R6
1JABNX	Janus Henderson Balanced N	1DIPSX	DFA Inflation-Protected Securities I
1PIMIX	PIMCO Income Instl	1PHYQX	PGIM High-Yield R6
1PTRQX	PGIM Total Return Bond R6	1DGCXX	Dreyfus Government Cash Mgmt Instl
1GWAQ35	EI Fixed Account - Series Class I		

BROADCASTMED 401(K) PLAN
ATTACHMENT TO SCHEDULE H, PART 4, LINE 4a-
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year Ended December 31, 2023

Employer Identification Number: 06-1401536
Plan Number: 001

Identity of Party Involved		Relationship to Plan, Employer or Other Party-in-interest		Total that Constitutes Non-exempt Prohibited Transactions			
BroadcastMed, LLC		*		Employer			
Participant Contributions Transferred Late to Plan		Contributions Not Corrected		Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE-2002-51	
(1)	\$ 348,498 **	\$	348,498	\$ -	\$ -	\$	-
(2)	\$ 15,147 **	\$	15,147	\$ -	\$ -	\$	-

* Indicates party-in-interest to the Plan.

**Participant contributions were not remitted by the Employer on a timely basis as described in 29 CFR 2510.3-102.

- (1) 2023 delinquent participant contributions, due to failed timely remittance as prescribed in the applicable Department of Labor Regulation 29 CFR 2510.3-102 (29 CFR 2510.3-102). Principal was transmitted during the year ended December 31, 2023. Lost earnings will be remitted and corrected outside the VFCP filing in the 2024 Plan year.
- (2) 2022 delinquent participant contributions, due to failed timely remittance as prescribed in the applicable Department of Labor Regulation 29 CFR 2510.3-102 (29 CFR 2510.3-102). Principal was transmitted during the year ended December 31, 2022. Lost earnings will be remitted and corrected outside the VFCP filing in the 2024 Plan year.

BROADCASTMED 401(K) PLAN
ATTACHMENT TO SCHEDULE H, PART 4, ITEM 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

Schedule II



Employer Identification Number: 06-1401536
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	<u>Mutual Funds:</u>		
	American Funds	2030 Target Date Retirement Fund R6	\$ 2,469,705
	American Funds	2025 Target Date Retirement Fund R6	1,983,718
	Fidelity	500 Index Fund	1,674,308
	American Funds	2040 Target Date Retirement Fund R6	1,556,486
	American Funds	2050 Target Date Retirement Fund R6	1,348,523
	American Funds	2055 Target Date Retirement Fund R6	1,296,623
	American Funds	2035 Target Date Retirement Fund R6	1,114,906
	American Funds	2045 Target Date Retirement Fund R6	1,064,989
	American Funds	2020 Target Date Retirement Fund R6	622,005
	American Funds	2060 Target Date Retirement Fund R6	459,929
	American Funds	2015 Target Date Retirement Fund R6	335,029
	JP Morgan	U.S. Value Fund R6	329,884
	Fidelity	Mid Cap Index Fund	315,869
	MFS	Growth Fund R6	215,560
	iShares	Russell Small/Mid Cap Index Fund K	154,005
	PIMCO	Income Institutional Fund	88,447
	American Funds	2065 Target Date Retirement Fund R6	78,872
	Fidelity	International Index Fund	75,430
	MFS	International Growth Fund R6	66,379
	American Funds	New World Fund R6	33,708
	PGIM	High Yield Fund R6	31,120
	PGIM	Total Return Bond Fund R6	28,203
	DFA	Real Estate Securities Fund I	25,689
	American Funds	Small Cap World Fund R6	19,306
	Janus Henderson	Balanced Fund N	3,420
	DFA	Inflation Protected Securities Fund I	38
	Total Mutual Funds		<u>15,392,151</u>
	<u>Group Annuity Contract:</u>		
*	Empower	Empower Investments Fixed Account - Series Class I	<u>581,110</u>
*	Participant Loans	Interest rates ranging from 5.25% to 10.25%, maturing at various dates through July 2028, collateralized by participant account balances	<u>101,623</u>
	Total		<u><u>\$ 16,074,884</u></u>

* Indicates party-in-interest to the Plan.

Note: All investment accounts are participant directed; therefore, the unit and costs columns have been omitted.