

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
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 NEXT 15 COMMUNICATIONS RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/01/2014
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) NEXT FIFTEEN COMMUNICATIONS CORPORATION 100 MONTGOMERY STREET SUITE 1101 SAN FRANCISCO, CA 94104
2b	Employer Identification Number (EIN) 20-3013332
2c	Plan Sponsor's telephone number 212-481-7000
2d	Business code (see instructions) 541990

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.	01/02/2025	PETE LAMB
	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	513
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	6a(1)	349
a(2) Total number of active participants at the end of the plan year	6a(2)	689
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	259
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	948
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	1
f Total. Add lines 6d and 6e	6f	949
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	712
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	54
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:

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

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 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan NEXT 15 COMMUNICATIONS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEXT FIFTEEN COMMUNICATIONS CORPORATION	D Employer Identification Number (EIN) 20-3013332

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).....

X

YesNo
- 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
FIDELITY INVESTMENTS INSTITUTIONAL	
04-2647786	

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	72452	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MMA SECURITIES

22-3570392

(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	ADVISOR	35647	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(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	ADVISOR	15129	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CARON & BLETZER, PLLC

04-3499945

(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?
10	PLAN ADMINISTRATOR	10215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK GLOBAL ALLOC I - BNY MELLON 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS DISCOVERY Y - INVESCO INVESTM 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JH DSCPL VAL MDCP I - JOHN HANCOCK 01-0233346	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LD ABT BOND DBNTR R5 - DST SYSTEMS 43-1581814	0.20%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MFS INTL GROWTH R4 - MFS SERVICE C 04-2865649	0.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PGIM HIGH YIELD Z - PRUDENTIAL MUT 22-3703799	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PGIM TOTAL RTN BD Z - PRUDENTIAL M 22-3703799	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP HEALTH SCIENCES - T. ROWE PRIC 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
	A Name of plan NEXT 15 COMMUNICATIONS RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEXT FIFTEEN COMMUNICATIONS CORPORATION	D Employer Identification Number (EIN) 20-3013332	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13106	0
(2) Participant contributions.....	1b(2)	101528	0
(3) Other	1b(3)	0	37340133
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	871515	1118117
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	289466	285750
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35571813	57295626
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	36847428	96039626
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	36847428	96039626

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)	1516626	
(B) Participants	2a(1)(B)	4712676	
(C) Others (including rollovers)	2a(1)(C)	845225	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7074527
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13461	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	15614	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		29075
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1503184	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1503184
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5032381
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		13639167

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4850260	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4850260
f Corrective distributions (see instructions)	2f		4781
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	15129	
(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)	118314	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		133443
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4988484

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8650683
l Transfers of assets:			
(1) To this plan	2l(1)		50541515
(2) From this plan	2l(2)		0

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: **MOSS ADAMS, LLP**

(2) EIN: **91-0189318**

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.)	☒	☐	858237
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?	☒	☐	1000000
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 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan NEXT 15 COMMUNICATIONS RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 NEXT FIFTEEN COMMUNICATIONS CORPORATION				D Employer Identification Number (EIN) 20-3013332	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107					
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) 2024 v. 240311	

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



Report of Independent Auditors
and Financial Statements with
Supplemental Schedules

Next 15 Communications Retirement Plan

December 31, 2023, 2022, 2021, 2020, and 2019

Table of Contents

	Page
Report of Independent Auditors	1
Financial Statements	
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8
Supplemental Schedules Required by the Department of Labor	
Schedule H, Line 4(a) Schedule of Delinquent Participant Contributions	17
Schedule H, Line 4(i) Schedule of Assets (Held at End of Year)	21

Report of Independent Auditors

The Plan Administrator of
Next 15 Communications Retirement Plan

Report on the Audit of the Financial Statements

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

We have performed an audit of the financial statements of Next 15 Communications Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023, 2022, 2021, and 2020, and the related statements of changes in net assets available for benefits for the years then ended, 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 2023, 2022, 2021, and 2020 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 and for the years ended December 31, 2023, 2022, 2021, and 2020, stating that the certified investment information, as described in Note 6 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 Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying 2023, 2022, 2021, and 2020 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 (GAAP).
- the information in the accompanying 2023, 2022, 2021, and 2020 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Next 15 Communications Retirement 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 GAAP, 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 Next 15 Communications Retirement Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 purpose of expressing an opinion on the effectiveness of Next 15 Communications Retirement Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Next 15 Communications Retirement 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 2023, 2022, 2021, and 2020 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 GAAP.

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.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions for the years ended December 2023, 2022, 2021, and 2020, and the Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2023, 2022, 2021, and 2020, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures 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).

Auditor's Report on the 2019 Financial Statements

The 2019 financial statements of Next 15 Communications Retirement Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditor not to perform and they did not perform any auditing procedures with respect to the information certified by a qualified institution. Their report dated October 13, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the 2019 financial statements and supplemental schedules, and (b) the form and content of the information included in the 2019 financial statements and supplemental schedules other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



San Francisco, California
December 18, 2024

Financial Statements

Next 15 Communications Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2023, 2022, 2021, 2020, and 2019

	2023	2022	2021	2020	2019
ASSETS					
Investments, at fair value					
Registered investment companies	\$ 109,892,746	\$ 87,457,866	\$ 58,413,743	\$ 36,443,328	\$ 29,156,312
Self-directed brokerage accounts	249,151	117,489	-	-	-
Total investments	110,141,897	87,575,355	58,413,743	36,443,328	29,156,312
Receivables					
Notes receivable from participants	502,943	470,510	285,750	289,466	268,048
Participant contributions	144,270	283,641	134,429	101,528	122,764
Employer contributions	829,308	87,548	20,643	13,106	33,058
Transfer of assets	-	-	37,340,133	-	-
Total receivables	1,476,521	841,699	37,780,955	404,100	423,870
NET ASSETS AVAILABLE FOR BENEFITS	\$ 111,618,418	\$ 88,417,054	\$ 96,194,698	\$ 36,847,428	\$ 29,580,182

See accompanying notes.

Next 15 Communications Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023, 2022, 2021, 2020

	2023	2022	2021	2020
ADDITIONS TO NET ASSETS ATTRIBUTED TO				
Investment income				
Net appreciation (depreciation) in fair value of investments	\$ 14,133,052	\$ (19,633,849)	\$ 5,032,381	\$ 4,012,806
Dividends and interest	2,695,573	1,977,742	1,516,645	825,247
Net investment income (loss)	16,828,625	(17,656,107)	6,549,026	4,838,053
Interest income on notes receivable from participants	28,451	21,088	15,614	13,811
Contributions				
Participant	10,729,603	9,789,828	4,847,105	3,128,145
Employer	3,802,644	2,831,656	1,537,269	721,634
Rollovers	747,859	5,501,796	845,225	164,124
Total contributions	15,280,106	18,123,280	7,229,599	4,013,903
Total additions	32,137,182	488,261	13,794,239	8,865,767
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO				
Benefits paid to participants	8,741,807	7,975,078	4,855,041	1,515,105
Administrative expenses	194,011	213,624	133,443	83,416
Other expense	-	77,203	-	-
Total deductions	8,935,818	8,265,905	4,988,484	1,598,521
CHANGE IN NET ASSETS	23,201,364	(7,777,644)	8,805,755	7,267,246
TRANSFERS INTO PLAN	-	-	50,541,515	-
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	88,417,054	96,194,698	36,847,428	29,580,182
End of year	\$ 111,618,418	\$ 88,417,054	\$ 96,194,698	\$ 36,847,428

See accompanying notes.

Next 15 Communications Retirement Plan

Notes to Financial Statements

Note 1 – Description of Plan

The following description of the Next 15 Communications Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement, as amended, for a more complete description of Plan provisions.

General – The Plan is a 401(k) salary deferral and profit sharing plan covering substantially all employees of Next Fifteen Communications Corporation (formerly Next 15 Communications Group) (the Company), and is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company is the Plan's sponsor and serves as Plan administrator.

Eligibility – Employees of the Company are eligible to participate in the Plan upon reaching age 21. For the period January 1, 2020 to June 30, 2022, employees were eligible to receive employer contributions after completing one year of service. Effective July 1, 2022, the service requirement for employer contributions was removed. Participants must complete at least 1,000 hours of service during the Plan year and be employed as of the last day of the Plan year to be eligible to receive any employer paid profit sharing contributions.

Contributions

Participant contributions – Each year, participants may contribute between 1% and 100% of pretax annual compensation, as defined in the Plan. Participants may also elect to make Roth contributions utilizing after-tax contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Next 15 Communications Retirement Plan

Notes to Financial Statements

Employer match and profit sharing contributions – The Company may elect to make discretionary matching and profit sharing contributions to the Plan. The Company matches based on a formula set by division, as noted in the table below:

Division	Match Formula
Blue Shirt Group, LLC	50% up to the first 3%
M Booth & Associates, LLC	50% up to 6%
The OutCast Agency, LLC	50% up to 6% max \$7.6k
M Booth Health LLC (Effective 1/1/2021)	50% up to 6%
Nectar Communications LLC (Effective 1/1/2021)	100% up to 5%
Next 15 Communications Company, LLC (Effective 1/1/21)	100% first 3%, 50% next 4%-5%
Activate Marketing Servcies LLC (Effective 1/1/2022)	100% first 3%, 50% next 4%-5%
Agent 3 LLC (Effective 1/1/2022)	100% first 3%, 50% next 4%-5%
Archetype Agency (Effective 1/1/2022)	100% first 3%, 50% next 4%-5%
BYND LLC (Effective 1/1/2022)	100% first 3%, 50% next 4%-5%
Mach49 LLC (Effective 1/1/2022)	No Match
Savanta Group LLC (Effective 1/1/2022)	100% first 3%, 50% next 4%-5%
Publitek LLC (Effective 1/1/2022)	100% first 3%, 50% next 4%-5%
Twogether Creative Inc. (Effective 1/1/2022)	100% first 3%, 50% next 4%-5%
Velocity Partners US Inc. (Effective 1/1/2022)	100% first 3%, 50% next 4%-5%
IF Agency LLC (Effective 9/15/2022)	50% up to 6%
Portfolio T LLC (Effective 9/15/2022)	No Match
Brandwidth, LLC (Effective 8/1/2022)	100% first 3%, 50% next 4%-5%
Green Leads LLC (Effective 1/1/2023)	100% first 3%, 50% next 4%-5%

There were no changes to the match formulas set by division for 2023, 2022, 2021, and 2020.

Profit sharing contributions are allocated to participants in the same proportion as a participant's compensation bears to the total of all participants' compensation. There were no profit sharing contributions for the years ended December 31, 2023, 2022, and 2020. For the year ended December 31, 2021, the Company made \$397,152 in profit sharing contributions to the Plan, which represented the 2020 plan year profit sharing contributions required for the Nectar Communications, LLC and M Booth Health, LLC divisions that joined the Plan effective January 1, 2021.

Contributions are subject to regulatory limitations.

Participant accounts – Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their account into various investment options offered by the Plan.

Next 15 Communications Retirement Plan

Notes to Financial Statements

Vesting – Participants are vested immediately in their contributions and frozen safe harbor contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. For the period January 1, 2020 to February 28, 2022, a participant was 100% vested after six years of credited service. Effective March 1, 2022, a participant is 100% vested in Company matching contributions immediately, except for Blue Shirt Group, LLC profit sharing contributions in which a participant is 100% vested after three years of credited service. Effective April 1, 2021, active participants merged into the Plan from Nectar Communications, LLC and M Booth Health LLC are 100% vested in all employer contributions, and nonactive participants are 100% vested after four years of credited service.

Notes receivable from participants – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are issued by the Plan and secured by the balance in the participant's account. All loans must be repaid within a period of five years, unless the loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time not to exceed ten years. Under the terms of the Plan agreement, plan loans will bear a reasonable rate of interest determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions. As of December 31, 2023, the rates of interest on outstanding loans ranged from 4.25% to 9.50%, with various maturities through August 2033. As of December 31, 2022, the rates of interest on outstanding loans ranged from 4.25% to 8.00%, with various maturities through July 2032. As of December 31, 2021, the rates of interest on outstanding loans ranged from 4.25% to 6.50%, with various maturities through April 2029. As of December 31, 2020, the rates of interest on outstanding loans ranged from 4.25% to 6.50%, with various maturities through December 2025.

Payment of benefits – On termination of service due to death, disability, retirement, or termination of service for other reasons, a participant (or their beneficiary) may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account. The Plan allows for the automatic lump-sum distribution of participant vested account balances that do not exceed \$5,000.

Forfeitures – Forfeitures are the nonvested portion of a participant's account that are lost upon termination of employment. Forfeitures are retained in the Plan, must be used in the subsequent year, and may be used to pay the Plan's administrative expenses, with any remaining amount used to reduce future Company contributions.

Plan mergers – Effective January 1, 2021, employees of M Booth Health LLC and Nectar Communications LLC were given the opportunity to begin participating in the Plan, as a result of the Company's acquisitions. Effective April 1, 2021, the M Booth Health LLC Retirement Plan and the Nectar Communications, LLC Retirement Trust were merged into the Plan, and assets totaling approximately \$10,017,000 and \$3,184,000, respectively, were transferred to the Plan.

Effective January 1, 2022, the Next 15 Communications Group Safe Harbor Plan was merged into the Plan, and assets totaling approximately \$37,340,000 were transferred to the Plan. These assets were in transit as of December 31, 2021.

Next 15 Communications Retirement Plan

Notes to Financial Statements

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), using the accrual method of accounting.

Use of estimates – The preparation of financial statements in conformity with U.S. GAAP requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment valuation – The investments are reported at fair value. The Plan's trustee, Fidelity Management Trust Company (Fidelity), certifies the fair value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the "exit price") in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation or depreciation in fair value of investments consists of both the realized gains and losses and unrealized appreciation and depreciation of those investments.

Contributions – Contributions from participants and corresponding matching contributions are recorded in the year in which the employee contributions are withheld from compensation.

Notes receivable from participants – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan Agreement. No allowance for credit losses has been recorded as of December 31, 2023, 2022, 2021, 2020, or 2019.

Payment of benefits – Benefits are recorded when paid.

Expenses – Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Administrative expenses paid by the Plan may include notes receivable and distribution fees charged to participants' accounts and administrative Plan fees. Investment related expenses are included in net appreciation or depreciation in fair value of investments.

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

Next 15 Communications Retirement Plan

Notes to Financial Statements

The Plan has evaluated subsequent events through December 18, 2024, which is the date the financial statements were available to be issued.

Note 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 the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2023, 2022, 2021, 2020, and 2019.

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

Self-directed brokerage accounts – Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

Next 15 Communications Retirement Plan

Notes to Financial Statements

The following tables disclose the fair value hierarchy of the Plan's assets by level as of December 31, 2023, 2022, 2021, 2020, and 2019:

Fair Value Measurement at December 31, 2023				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 109,892,746	\$ -	\$ -	\$ 109,892,746
Self-directed brokerage accounts	249,151	-	-	249,151
Total assets in the fair value hierarchy	<u>\$ 110,141,897</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 110,141,897</u>
Fair Value Measurement at December 31, 2022				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 87,457,866	\$ -	\$ -	\$ 87,457,866
Self-directed brokerage accounts	117,489	-	-	117,489
Total assets in the fair value hierarchy	<u>\$ 87,575,355</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 87,575,355</u>
Fair Value Measurement at December 31, 2021				
	Level 1	Level 2	Level 3	Total
Registered investment companies	<u>\$ 58,413,743</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 58,413,743</u>
Fair Value Measurement at December 31, 2020				
	Level 1	Level 2	Level 3	Total
Registered investment companies	<u>\$ 36,443,328</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 36,443,328</u>
Fair Value Measurement at December 31, 2019				
	Level 1	Level 2	Level 3	Total
Registered investment companies	<u>\$ 29,156,312</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 29,156,312</u>

Note 4 – Tax Status

The Plan documents are pre-approved (for Plan years 2023 and 2022) or volume submitter (for Plan years 2021, 2020, and 2019) defined contribution plans that received favorable opinion letters from the Internal Revenue Service on June 30, 2020, and March 31, 2014, respectively, which stated that the plan, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since the dates of the opinion letters, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, the Plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to 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.

Next 15 Communications Retirement Plan

Notes to Financial Statements

Note 5 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the values of the investments in the near term could materially affect a participant's account balance and the amounts reported in the statement of net assets available for benefits.

Note 6 – Information Certified by the Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, the trustee of the Plan, has certified to the completeness and accuracy of the following:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2023, 2022, 2021, 2020, and 2019.
- Net appreciation/depreciation in fair value of investments, dividends and interest, and interest income on notes receivable from participants reflected on the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2023, 2022, 2021, and 2020.
- Investments reflected on the schedule of assets (held at end of year).

Note 7 – Party-in-Interest Transactions

The Plan paid expenses related to the Plan's operations and investment management to various service providers. Certain Plan investments are managed by an affiliate of Fidelity. As Fidelity is the trustee of the Plan, transactions with affiliated entities qualify as exempt party-in-interest transactions.

Note 8 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time, subject to the provisions of ERISA. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

Next 15 Communications Retirement Plan

Notes to Financial Statements

Note 9 – Reconciliation to Form 5500

The following is a reconciliation of the net assets available for benefits reported in the financial statements and the net assets reported on the Form 5500 as of December 31:

	2023	2022	2021	2020	2019
Net assets available for benefits, per the financial statements	\$ 111,618,418	\$ 88,417,054	\$ 96,194,698	\$ 36,847,428	\$ 29,580,182
Less amounts accrued for participant receivables	(144,270)	(283,641)	(134,429)	-	-
Less amounts accrued for employer receivables	(829,308)	(87,548)	(20,643)	-	-
Net assets per the Form 5500	<u>\$ 110,644,840</u>	<u>\$ 88,045,865</u>	<u>\$ 96,039,626</u>	<u>\$ 36,847,428</u>	<u>\$ 29,580,182</u>

The following is a reconciliation of the change in net assets available for benefits reported in the financial statements and the net income (loss) reported on the Form 5500 for the years ended December 31:

Change in net assets available for benefits per the financial statements	\$ 23,201,364	\$ (7,777,644)	\$ 8,805,755	\$ 7,267,246
Add prior year receivables	371,189	155,072	-	-
Less current year receivables	<u>(973,578)</u>	<u>(371,189)</u>	<u>(155,072)</u>	<u>-</u>
Net income (loss) per the Form 5500	<u>\$ 22,598,975</u>	<u>\$ (7,993,761)</u>	<u>\$ 8,650,683</u>	<u>\$ 7,267,246</u>

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for any period.

Note 10 – Delinquent Participant Contributions

As disclosed in the accompanying supplemental schedule, certain employee deferrals were not remitted to the Plan within the timeframe required by the Department of Labor. The Company has determined the amount of related lost earnings for plan years 2014 through 2019 and has remitted these amounts to participants' accounts during plan year 2020. The Company will determine the amount of related lost earnings for plan years 2020 through 2023 and will remit these amounts to participants' accounts subsequent to December 31, 2023.

**Supplemental Schedules
Required by the Department of Labor**

Next 15 Communications Retirement Plan

EIN: 20-3013332, Plan #: 001

Schedule H, Line 4(a) Schedule of Delinquent Participant Contributions

December 31, 2023

Plan Year	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2020	\$ 139,886	\$ 139,886	\$ -	\$ -	\$ -
* 2021	232,376	232,376	-	-	-
* 2022	443,426	443,426	-	-	-
* 2023	863,066	863,066	-	-	-
Total	\$ 1,678,754	\$ 1,678,754	\$ -	\$ -	\$ -

* Late participant loan repayments are included

Next 15 Communications Retirement Plan

EIN: 20-3013332, Plan #: 001

Schedule H, Line 4(a) Schedule of Delinquent Participant Contributions

December 31, 2022

Plan Year	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2020	\$ 139,886	\$ 139,886	\$ -	\$ -	\$ -
* 2021	232,376	232,376	-	-	-
* 2022	443,426	443,426	-	-	-
Total	<u>\$ 815,688</u>	<u>\$ 815,688</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

* Late participant loan repayments are included

Next 15 Communications Retirement Plan

EIN: 20-3013332, Plan #: 001

Schedule H, Line 4(a) Schedule of Delinquent Participant Contributions

December 31, 2021

Plan Year	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
* 2019	\$ 485,975	\$ -	\$ 485,975	\$ -	\$ -
2020	139,886	139,886	-	-	-
* 2021	232,376	232,376	-	-	-
Total	<u>\$ 858,237</u>	<u>\$ 372,262</u>	<u>\$ 485,975</u>	<u>\$ -</u>	<u>\$ -</u>

* Late participant loan repayments are included

Next 15 Communications Retirement Plan

EIN: 20-3013332, Plan #: 001

Schedule H, Line 4(a) Schedule of Delinquent Participant Contributions

December 31, 2020

Plan Year	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
* 2014	\$ 667,761	\$ -	\$ 667,761	\$ -	\$ -
* 2015	1,399,801	-	1,399,801	-	-
* 2016	1,425,246	-	1,425,246	-	-
* 2017	1,795,967	-	1,795,967	-	-
* 2018	1,130,967	-	1,130,967	-	-
* 2019	485,975	485,975	-	-	-
2020	139,886	139,886	-	-	-
Total	<u>\$ 7,045,603</u>	<u>\$ 625,861</u>	<u>\$ 6,419,742</u>	<u>\$ -</u>	<u>\$ -</u>

* Late participant loan repayments are included

Next 15 Communications Retirement Plan
EIN: 20-3013332, Plan #: 001
Schedule H, Line 4(i) Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	FID FDM IDX 2050 IPR	Registered Investment Company	**	\$ 13,797,899
*	FID FDM IDX 2040 IPR	Registered Investment Company	**	12,474,382
*	FID 500 INDEX	Registered Investment Company	**	12,164,231
*	FID FDM IDX 2055 IPR	Registered Investment Company	**	11,869,742
*	FID FDM IDX 2045 IPR	Registered Investment Company	**	10,242,920
*	FID FDM IDX 2030 IPR	Registered Investment Company	**	7,484,117
*	FID FDM IDX 2035 IPR	Registered Investment Company	**	6,425,275
*	FID FDM IDX 2060 IPR	Registered Investment Company	**	5,041,552
	MFS GROWTH R6	Registered Investment Company	**	4,627,056
*	FID FDM IDX 2025 IPR	Registered Investment Company	**	3,152,432
	VANG VMMR-FED MMKT	Registered Investment Company	**	1,938,073
	VANG SM CAP IDX ADM	Registered Investment Company	**	1,891,496
	VANG EQUITY INC ADM	Registered Investment Company	**	1,865,649
	IS MSCI EAFE INTL K	Registered Investment Company	**	1,862,369
	IS US AGG BD IDX K	Registered Investment Company	**	1,651,299
*	FID FDM IDX 2010 IPR	Registered Investment Company	**	1,616,380
	VANG EM STK IDX ADM	Registered Investment Company	**	1,485,712
	VANG MIDCAP IDX ADM	Registered Investment Company	**	1,291,347
	TRP HEALTH SCIENCES	Registered Investment Company	**	1,173,206
	VAN FTSE SOC IDX ADM	Registered Investment Company	**	1,105,468
*	FID LOW PRICED STK K	Registered Investment Company	**	981,248
	MFS INTL GROWTH R4	Registered Investment Company	**	924,014
	INVS DISCOVERY Y	Registered Investment Company	**	869,033
	JH DSCPL VAL MDCP I	Registered Investment Company	**	821,458
*	FID FDM IDX 2065 IPR	Registered Investment Company	**	775,792
	PGIM HIGH YIELD Z	Registered Investment Company	**	637,324
	LD ABT BOND DBNTR R5	Registered Investment Company	**	421,759
	PGIM TOTAL RTN BD Z	Registered Investment Company	**	388,802
*	FID REAL ESTATE INVS	Registered Investment Company	**	299,395
	BLKRK GLOBAL ALLOC I	Registered Investment Company	**	195,573
*	FID FDM IDX 2020 IPR	Registered Investment Company	**	192,160
	FKLN SM CAP VALUE R6	Registered Investment Company	**	94,001
	PIM TOTAL RT INST	Registered Investment Company	**	84,064
*	FID FDM IDX INC IPR	Registered Investment Company	**	47,419
*	FID FDM IDX 2015 IPR	Registered Investment Company	**	99
*	Fidelity Brokeragelink	Self-directed Brokerage Accounts	**	249,151
*	Participant loans	Interest rates range from 4.25% to 9.50%, maturing through August 2033		502,943
Total				\$ 110,644,840

* Indicates party-in-interest.

** Information is not required as investments are participant-directed.

Next 15 Communications Retirement Plan
EIN: 20-3013332, Plan #: 001
Schedule H, Line 4(i) Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	FID FDM IDX 2050 IPR	Registered Investment Company	**	\$ 10,777,894
*	FID FDM IDX 2040 IPR	Registered Investment Company	**	10,223,561
*	FID FDM IDX 2055 IPR	Registered Investment Company	**	8,866,057
*	VANG 500 INDEX ADM	Registered Investment Company	**	8,742,933
*	FID FDM IDX 2045 IPR	Registered Investment Company	**	8,178,566
*	FID FDM IDX 2030 IPR	Registered Investment Company	**	6,088,452
*	FID FDM IDX 2035 IPR	Registered Investment Company	**	5,449,748
*	MFS GROWTH R6	Registered Investment Company	**	3,225,181
*	FID FDM IDX 2060 IPR	Registered Investment Company	**	3,217,992
*	FID FDM IDX 2025 IPR	Registered Investment Company	**	2,598,214
*	VANG VMMR-FED MMKT	Registered Investment Company	**	2,400,779
*	VANG EQUITY INC ADM	Registered Investment Company	**	2,393,556
*	VANG SM CAP IDX ADM	Registered Investment Company	**	1,768,950
*	FID FDM IDX 2010 IPR	Registered Investment Company	**	1,465,464
*	TRP HEALTH SCIENCES	Registered Investment Company	**	1,429,373
*	IS US AGG BD IDX K	Registered Investment Company	**	1,406,320
*	INVS DEVELOP MKT R6	Registered Investment Company	**	1,199,596
*	IS MSCI EAFE INTL K	Registered Investment Company	**	1,177,093
*	MFS INTL GROWTH R4	Registered Investment Company	**	1,085,694
*	VANG MIDCAP IDX ADM	Registered Investment Company	**	998,269
*	INVS DISCOVERY Y	Registered Investment Company	**	955,732
*	VAN FTSE SOC IDX ADM	Registered Investment Company	**	903,747
*	FID LOW PRICED STK K	Registered Investment Company	**	473,034
*	PGIM HIGH YIELD Z	Registered Investment Company	**	452,767
*	LD ABT BOND DBNTR R5	Registered Investment Company	**	365,522
*	FID REAL ESTATE INVS	Registered Investment Company	**	274,368
*	FID FDM IDX 2065 IPR	Registered Investment Company	**	267,345
*	FID FDM IDX 2015 IPR	Registered Investment Company	**	228,498
*	PGIM TOTAL RTN BD Z	Registered Investment Company	**	227,188
*	BLKRK GLOBAL ALLOC I	Registered Investment Company	**	197,095
*	JH DSCPL VAL MDCP I	Registered Investment Company	**	144,661
*	FID FDM IDX 2020 IPR	Registered Investment Company	**	107,995
*	PIM TOTAL RT INST	Registered Investment Company	**	79,205
*	FKLN SM CAP VALUE R6	Registered Investment Company	**	54,141
*	FID FDM IDX 2005 IPR	Registered Investment Company	**	26,962
*	FID FDM IDX INC IPR	Registered Investment Company	**	5,914
*	Fidelity Brokeragelink	Self-directed Brokerage Accounts	**	117,489
*	Participant loans	Interest rates range from 4.25% to 8.00%, maturing through July 2032		470,510
Total				<u>\$ 88,045,865</u>

* Indicates party-in-interest.

** Information is not required as investments are participant-directed.

Next 15 Communications Retirement Plan
EIN: 20-3013332, Plan #: 001
Schedule H, Line 4(i) Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	FID FDM IDX 2040 IPR	Registered Investment Company	**	\$ 7,484,108
*	FID FDM IDX 2050 IPR	Registered Investment Company	**	7,000,391
*	FID FDM IDX 2030 IPR	Registered Investment Company	**	5,330,393
*	FID FDM IDX 2055 IPR	Registered Investment Company	**	5,292,441
*	FID FDM IDX 2045 IPR	Registered Investment Company	**	5,021,614
*	FID FDM IDX 2035 IPR	Registered Investment Company	**	4,620,198
	VANG 500 INDEX ADM	Registered Investment Company	**	4,287,131
	MFS GROWTH R6	Registered Investment Company	**	2,316,790
*	FID FDM IDX 2060 IPR	Registered Investment Company	**	1,916,316
*	FID FDM IDX 2010 IPR	Registered Investment Company	**	1,671,412
	VANG EQUITY INC ADM	Registered Investment Company	**	1,451,128
	VANG VMMR-FED MMKT	Registered Investment Company	**	1,118,117
	IS MSCI EAFE INTL K	Registered Investment Company	**	1,104,991
	VAN FTSE SOC IDX ADM	Registered Investment Company	**	1,048,168
*	FID FDM IDX 2025 IPR	Registered Investment Company	**	987,375
	INVS DEVELOP MKT R6	Registered Investment Company	**	905,733
	INVS DISCOVERY Y	Registered Investment Company	**	895,751
	TRP HEALTH SCIENCES	Registered Investment Company	**	856,698
	VANG SM CAP IDX ADM	Registered Investment Company	**	824,975
*	FID LOW PRICED STK K	Registered Investment Company	**	749,471
	VANG MIDCAP IDX ADM	Registered Investment Company	**	528,756
	MFS INTL GROWTH R4	Registered Investment Company	**	468,545
	IS US AGG BD IDX K	Registered Investment Company	**	458,280
	PGIM HIGH YIELD Z	Registered Investment Company	**	362,990
	LD ABT BOND DBNTR R5	Registered Investment Company	**	341,223
	PGIM TOTAL RTN BD Z	Registered Investment Company	**	311,498
*	FID FDM IDX 2015 IPR	Registered Investment Company	**	266,825
*	FID REAL ESTATE INVS	Registered Investment Company	**	246,734
*	FID FDM IDX 2020 IPR	Registered Investment Company	**	200,607
	BLKRK GLOBAL ALLOC I	Registered Investment Company	**	138,506
	PIM TOTAL RT INST	Registered Investment Company	**	92,388
*	FID FDM IDX 2065 IPR	Registered Investment Company	**	57,914
	JH DSCPL VAL MDCP I	Registered Investment Company	**	48,968
	FKLN SM CAP VALUE R6	Registered Investment Company	**	7,308
*	Participant loans	Interest rates range from 4.25% to 6.50%, maturing through April 2029		285,750
			Total	\$ 58,699,493

* Indicates party-in-interest.

** Information is not required as investments are participant-directed.

Next 15 Communications Retirement Plan
EIN: 20-3013332, Plan #: 001
Schedule H, Line 4(i) Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	FID FDM IDX 2050 IPR	Registered Investment Company	**	\$ 5,335,580
*	FID FDM IDX 2035 IPR	Registered Investment Company	**	4,265,843
*	FID FDM IDX 2045 IPR	Registered Investment Company	**	3,448,530
*	FID FDM IDX 2040 IPR	Registered Investment Company	**	3,109,649
*	FID FDM IDX 2030 IPR	Registered Investment Company	**	2,804,934
*	FID FDM IDX 2055 IPR	Registered Investment Company	**	2,721,166
	VANG 500 INDEX ADM	Registered Investment Company	**	2,632,551
	MFS GROWTH R6	Registered Investment Company	**	1,900,125
*	FID FDM IDX 2010 IPR	Registered Investment Company	**	1,588,581
*	FID FDM IDX 2060 IPR	Registered Investment Company	**	900,037
	VANG VMMR-FED MMKT	Registered Investment Company	**	871,515
	INVS DEVELOP MKT R6	Registered Investment Company	**	708,702
	VANG SM CAP IDX ADM	Registered Investment Company	**	659,738
	VANG EQUITY INC ADM	Registered Investment Company	**	652,590
	TRP HEALTH SCIENCES	Registered Investment Company	**	579,954
	INVS DISCOVERY Y	Registered Investment Company	**	505,430
	IS MSCI EAFE INTL K	Registered Investment Company	**	477,239
	MFS INTL GROWTH R4	Registered Investment Company	**	382,969
	VANG MIDCAP IDX ADM	Registered Investment Company	**	381,498
	VAN FTSE SOC IDX ADM	Registered Investment Company	**	356,329
	IS US AGG BD IDX K	Registered Investment Company	**	301,352
	LD ABT BOND DBNTR R5	Registered Investment Company	**	269,303
*	FID FDM IDX 2015 IPR	Registered Investment Company	**	248,706
*	FID LOW PRICED STK K	Registered Investment Company	**	242,606
*	FID REAL ESTATE INVS	Registered Investment Company	**	227,720
	JH DSCPL VAL MDCP I	Registered Investment Company	**	186,486
*	FID FDM IDX 2020 IPR	Registered Investment Company	**	173,814
	PGIM HIGH YIELD Z	Registered Investment Company	**	172,180
	PGIM TOTAL RTN BD Z	Registered Investment Company	**	135,370
	PIM TOTAL RT INST	Registered Investment Company	**	93,370
*	FID FDM IDX 2025 IPR	Registered Investment Company	**	67,914
	BLKRK GLOBAL ALLOC I	Registered Investment Company	**	40,603
*	FID FDM IDX 2065 IPR	Registered Investment Company	**	944
*	Participant loans	Interest rates range from 4.25% to 6.50%, maturing through December 2025		289,466
				Total
				\$ 36,732,794

* Indicates party-in-interest.

** Information is not required as investments are participant-directed.

Next 15 Communications Retirement Plan

EIN: 20-3013332, Plan #: 001

Schedule H, Line 4(a) Schedule of Delinquent Participant Contributions

December 31, 2021

Plan Year	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
* 2019	\$ 485,975	\$ -	\$ 485,975	\$ -	\$ -
2020	139,886	139,886	-	-	-
* 2021	232,376	232,376	-	-	-
Total	<u>\$ 858,237</u>	<u>\$ 372,262</u>	<u>\$ 485,975</u>	<u>\$ -</u>	<u>\$ -</u>

* Late participant loan repayments are included

Next 15 Communications Retirement Plan
EIN: 20-3013332, Plan #: 001
Schedule H, Line 4(i) Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	FID FDM IDX 2040 IPR	Registered Investment Company	**	\$ 7,484,108
*	FID FDM IDX 2050 IPR	Registered Investment Company	**	7,000,391
*	FID FDM IDX 2030 IPR	Registered Investment Company	**	5,330,393
*	FID FDM IDX 2055 IPR	Registered Investment Company	**	5,292,441
*	FID FDM IDX 2045 IPR	Registered Investment Company	**	5,021,614
*	FID FDM IDX 2035 IPR	Registered Investment Company	**	4,620,198
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	VANG EQUITY INC ADM	Registered Investment Company	**	1,451,128
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	VAN FTSE SOC IDX ADM	Registered Investment Company	**	1,048,168
*	FID FDM IDX 2025 IPR	Registered Investment Company	**	987,375
	INVS DEVELOP MKT R6	Registered Investment Company	**	905,733
	INVS DISCOVERY Y	Registered Investment Company	**	895,751
	TRP HEALTH SCIENCES	Registered Investment Company	**	856,698
	VANG SM CAP IDX ADM	Registered Investment Company	**	824,975
*	FID LOW PRICED STK K	Registered Investment Company	**	749,471
	VANG MIDCAP IDX ADM	Registered Investment Company	**	528,756
	MFS INTL GROWTH R4	Registered Investment Company	**	468,545
	IS US AGG BD IDX K	Registered Investment Company	**	458,280
	PGIM HIGH YIELD Z	Registered Investment Company	**	362,990
	LD ABT BOND DBNTR R5	Registered Investment Company	**	341,223
	PGIM TOTAL RTN BD Z	Registered Investment Company	**	311,498
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*	FID REAL ESTATE INVS	Registered Investment Company	**	246,734
*	FID FDM IDX 2020 IPR	Registered Investment Company	**	200,607
	BLKRK GLOBAL ALLOC I	Registered Investment Company	**	138,506
	PIM TOTAL RT INST	Registered Investment Company	**	92,388
*	FID FDM IDX 2065 IPR	Registered Investment Company	**	57,914
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*	Participant loans	Interest rates range from 4.25% to 6.50%, maturing through April 2029		285,750
				Total
				\$ 58,699,493

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