

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>KABOOM! INC. 403(B) RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>KABOOM! INC.</u></p> <p><u>7200 WISCONSIN AVE., SUITE 400</u> <u>BETHESDA, MD 20814</u></p>	<p>1c Effective date of plan <u>01/01/2000</u></p> <p>2b Employer Identification Number (EIN) <u>52-1970904</u></p> <p>2c Plan Sponsor's telephone number <u>202-659-0215</u></p> <p>2d Business code (see instructions) <u>624100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2025	GEORGE MEGAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	156
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	62
	6a(2)	64
	6b	0
	6c	88
	6d	152
	6e	0
	6f	152
	6g(1)	156
6g(2)	151	
6h	9	
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 2L 2M 2S 2T 3D

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan KABOOM! INC. 403(B) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KABOOM! INC.		D Employer Identification Number (EIN) 52-1970904

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR29917	66	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 5132	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS **PO BOX 2239**
FORT WAYNE, IN 46801-2239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5132			4

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GROUP VARIABLE ANNUITY W/GUAR FUND**

b Balance at the end of the previous year	7b	81114
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	4277
	7c(4)	0
	7c(5)	5559
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS	
(6) Total additions	7c(6)	9836
d Total of balance and additions (add lines 7b and 7c(6))	7d	90950
e Deductions:		
	7e(1)	2001
	7e(2)	99
	7e(3)	0
	7e(4)	3906
▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS		
(5) Total deductions	7e(5)	6006
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	84944

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	88975	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	2475	
	7c(4)	17143	
	7c(5)	27935	
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS		
(6) Total additions	7c(6)	47553	
d Total of balance and additions (add lines 7b and 7c(6))	7d	136528	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	522
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	2256
▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS			
(5) Total deductions	7e(5)	2778	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	133750	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan KABOOM! INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 KABOOM! INC.	D Employer Identification Number (EIN) 52-1970904	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	48493	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KABOOM! INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KABOOM! INC.	D Employer Identification Number (EIN) 52-1970904

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

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	12895
(2) Participant contributions	1b(2)	17465
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	162701
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9756508
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	170089
(15) Other	1c(15)	134893
		11505337
		218694

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10119658	11858924
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10119658	11858924

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)	360227	
(B) Participants.....	2a(1)(B)	577703	
(C) Others (including rollovers).....	2a(1)(C)	174163	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1112093
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	4905	
(F) Other.....	2b(1)(F)	7591	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12496
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	374553	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		374553
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		998333
c Other income	2c		142
d Total income. Add all income amounts in column (b) and enter total	2d		2497617

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	709858	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		709858
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	48493	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		48493
j Total expenses. Add all expense amounts in column (b) and enter total	2j		758351

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1739266
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **COUNCILOR, BUCHANAN & MITCHELL, PC**

(2) EIN: **52-1711839**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24432
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>KABOOM! INC. 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KABOOM! INC.</u>	D Employer Identification Number (EIN) <u>52-1970904</u>	

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

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

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

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

EIN(s): 35-1140070 04-2456637

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	20
--	---	----

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500796A.



KABOOM!, INC. 403(b) PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

DECEMBER 31, 2024 AND 2023

KABOOM!, INC. 403(B) PLAN

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DECEMBER 31, 2024 AND 2023**

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Independent Auditor's Report

To the Plan Fiduciaries and Plan Administrator
KABOOM!, Inc. 403(b) Plan
Washington, D.C.

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

We have performed audits of the accompanying financial statements of KABOOM!, Inc. 403(b) 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of KABOOM!, Inc. 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be

Basis for Opinion (Continued)

independent of KABOOM!, Inc. 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about KABOOM!, Inc. 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of KABOOM!, Inc. 403(b) Plan's internal control. Accordingly, no such opinion is expressed.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- 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 KABOOM!, Inc. 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplementary Schedules Required by ERISA

The supplementary Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 supplementary schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplementary 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 supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

To the Plan Fiduciaries and Plan Administrator
KABOOM!, Inc. 403(b) Plan

Other Matter - Supplementary Schedules Required by ERISA (Continued)

In our opinion—

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

Councilor, Buchanan + Mitchell, P.C.

Bethesda, Maryland
July 23, 2025

Certified Public Accountants

KABOOM!, INC. 403(b) PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at Fair Value	\$ 11,505,337	\$ 9,756,508
Investments, at Contract Value	<u>218,694</u>	<u>170,089</u>
Total Investments	11,724,031	9,926,597
Notes Receivable from Participants	134,893	162,701
Employer Contributions Receivable	-	12,895
Employee Contributions Receivable	<u>-</u>	<u>17,465</u>
Total Assets	<u>11,858,924</u>	<u>10,119,658</u>
Net Assets Reflecting All Investments at Fair Value	<u>11,858,924</u>	<u>10,119,658</u>
Total Assets - Net Assets Available for Benefits	<u><u>\$ 11,858,924</u></u>	<u><u>\$ 10,119,658</u></u>

See accompanying Notes to Financial Statements.

KABOOM!, INC. 403(b) PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024**

Additions to Net Assets Attributed to

Contributions	
Employers'	\$ 360,227
Participants'	577,703
Rollover	<u>174,163</u>
Total Contributions	1,112,093
Investment Return	
Net Appreciation in Fair Value	998,333
Interest and Dividends	<u>382,144</u>
Total Investment Return	1,380,477
Interest on Notes Receivable from Participants	4,905
Other Income	<u>142</u>
Total Additions	2,497,617

Deductions from Net Assets Attributed to

Benefits Paid to Plan Participants	709,858
Administrative Expenses	<u>48,493</u>
Total Deductions	<u>758,351</u>

Increase in Net Assets Available for Benefits	1,739,266
Net Assets Available for Benefits, Beginning of Year	<u>10,119,658</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 11,858,924</u></u>

See accompanying Notes to Financial Statements.

KABOOM!, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following description of the KABOOM!, Inc. 403(b) Plan (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan pursuant to the provisions of Section 403(b) of the Internal Revenue Code (the Code) established January 1, 2000, for the benefit of all eligible employees of KABOOM!, Inc. (the Organization), the sponsor of the Plan. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA). A complete description of the Plan is contained in the Plan Document and Adoption Agreement, which governs the operation of the Plan.

Eligibility

An employee is eligible to participate in the Plan upon date of hire provided that they are not covered by a collective bargaining agreement and complete more than 20 hours of work per week. There are no minimum age or service requirements to participate in the Plan.

Contributions

Each year participants may contribute pre-tax compensation subject to the limits established by the Code. As a result of the Economic Growth and Tax Relief Reconciliation Act of 2001 participants expected to reach age 50 or older during the calendar year may make an additional "catch up" contribution. Participants entering the Plan may roll over contributions from other plans. The Organization will contribute, on behalf of each eligible employee, a percentage of their annual gross wages, subject to annual Internal Revenue Code of 1986, as amended (IRC) limitations each year. The Plan includes an automatic deferral election of 6% of eligible compensation.

Vesting

Participants are fully vested in their participant salary deferral accounts at all times. Effective March 16, 2015, participants are subject to a five-year vesting schedule in the Organization's contributions and the actual earnings (losses) thereon. For the period April 1, 2007 to March 15, 2015, participants were subject to a three-year vesting schedule in the Organization's contributions and the actual earnings (losses) thereon. The Organization's contributions and the actual earnings (losses) prior to April 1, 2007, are 100% vested.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (i) the Company's matching and discretionary contributions and (ii) Plan earnings and charged with an allocation of administrative expenses. The investment options available to participants include mutual funds, money market funds, or insurance company general accounts.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of \$50,000 or 50% of their vested account balance. The highest outstanding loan balance (total of all

KABOOM!, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN (CONTINUED)

Notes Receivable from Participants (Continued)

loans combined) within the past 12 months cannot exceed \$50,000. Participant loan transactions are treated as a transfer to (from) the general account from (to) the participant's loan account.

Participant loan repayment terms are generally for a period of up to five years, with exceptions permitted for the purchase of a principal residence. The loans are secured by 50% of the participant's vested account balance and bear interest at the prevailing interest rate on similar loans. Principal and interest are repaid by the participant on terms outlined in the loan agreement.

Benefit Payments

Upon termination of service, the normal form of benefit is a life-time annuity. Alternatively, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, a direct rollover into a qualified retirement plan, or a combination of cash and direct rollover distribution. In-service and hardship distributions are available to plan participants. A participant who is actively employed may request a hardship withdrawal under circumstances described in the Summary Plan Description (SPD), which were amended January 1, 2020, under the Tax Cuts and Jobs Act of 2017 and the Bipartisan Budget Act of 2018. Refer to the most current Summary Plan Description for more details.

Forfeited Accounts

As of December 31, 2024 and 2023, the KABOOM!, Inc., forfeiture account had a balance of \$28,801 and \$2,760, respectively. Forfeited accounts will be used to reduce employer contributions and/or administrative expenses. During the year ended December 31, 2024, \$2,256 of forfeitures were applied to administrative expenses.

Administrative Expenses

Administrative expenses may be either paid out of the Plan or paid directly by the Organization.

Field Assistance Bulletin (FAB) 2009-02

On July 20, 2009, the Employee Benefits Security Administration issued Field Assistance Bulletin (FAB) 2009-02, addressing the application of certain Form 5500 and Form 5500-SF annual reporting requirements to tax-sheltered annuity programs described in Section 403(b) of the Internal Revenue Code [403(b) plans]. FAB stated that, for purposes of the Plan's annual reporting and related audit requirements, an annuity contract or custodial account does not need to be treated as part of the Plan or as plan assets if it meets the certain conditions. Previously, there were certain accounts excluded in the KABOOM!, Inc. 403(b) Plan, including the investment income and distributions related to such accounts. Effective 2012, the accounts were no longer excluded.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

KABOOM!, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and the disclosures. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Shares of registered investment companies (mutual funds) are valued at quoted market prices which represent the net asset values of shares held by the Plan at year end.

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

Payment of Benefits

Benefits are recorded when paid.

Plan Termination

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

3. INFORMATION CERTIFIED BY CUSTODIANS

The plan administrator has elected the method of annual reporting compliance by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Act of 1974.

KABOOM!, INC. 403(b) PLAN

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

3. INFORMATION CERTIFIED BY CUSTODIANS (CONTINUED)

The Plan's custodians, Lincoln Financial Group Trust Company, Inc., and Lincoln National Life Insurance Company, have certified that the following data included in the accompanying financial statements and supplementary schedules are complete and accurate:

	2024	2023
Investments, at Fair Value	\$ 11,505,337	\$ 9,756,508
Investments, at Contract Value	218,694	170,089
Notes Receivable from Participants	134,893	162,701
Interest on Notes Receivable from Participants	4,905	*
Investment Return		
Net Appreciation in Fair Value	\$ 998,333	*
Interest and Dividends	382,144	*
Total Investment Return	\$ 1,380,477	

* Prior year information not required.

4. FAIR VALUE MEASUREMENTS

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

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

Level 2 - inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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.

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2024.

KABOOM!, INC. 403(b) PLAN

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

4. FAIR VALUE MEASUREMENTS (CONTINUED)

Registered investment companies (mutual funds): Valued at the net asset value of shares held by the Plan at year end.

The preceding methods described may produce a fair value estimate that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	<u>Total</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
<u>December 31, 2024</u>				
Mutual Funds	\$ 11,505,337	\$ 11,505,337	\$ -	\$ -
Total Investments, at Fair Value	<u>\$ 11,505,337</u>	<u>\$ 11,505,337</u>	<u>\$ -</u>	<u>\$ -</u>
	<u>Total</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
<u>December 31, 2023</u>				
Mutual Funds	\$ 9,756,508	\$ 9,756,508	\$ -	\$ -
Total Investments, at Fair Value	<u>\$ 9,756,508</u>	<u>\$ 9,756,508</u>	<u>\$ -</u>	<u>\$ -</u>

5. INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

The Plan participates in the Lincoln Fixed Account, which is a fully benefit-responsive investment contract with Lincoln Financial Group Trust Company, Inc., via an investment in a Fixed Account. This is a single group annuity contract with a minimum fixed rate of interest. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. This contract continues in-force until they are terminated by either the Plan or Lincoln. For this reason, the contract is referred to as an “evergreen” contract. Unlike a traditional guaranteed interest contract (GIC) with a defined maturity date, evergreen contracts do not have a specified maturity date and there are no known scheduled cash flows associated. Contract value represents the amount participants would receive if they were to initiate a transaction under the terms of the ongoing plan. Interest is credited daily at an interest rate not less than the guaranteed minimum interest rate shown on the contract specifications. The interest crediting rate is declared on a quarterly basis. The Fixed Account is guaranteed against loss of principal, minus all withdrawals, including charges and adjustments.

Participants may withdraw up to 20% of their account each year without incurring surrender fees. Withdrawals in excess of 20% in a contract year are subject to surrender charges. Funds may not be transferred more than one time in a 30-day period. The contract is reported at contract value which approximates fair value.

KABOOM!, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

5. INVESTMENT CONTRACTS WITH INSURANCE COMPANIES (CONTINUED)

The Plan participates in the Lincoln Stable Value Account, which is a group fixed contract with Lincoln National Life Insurance Company that guarantees a fixed rate of interest. The credited interest rate may be based on an index rate specified in the contract or a declared rate, either of which may be changed quarterly and will never be below the guaranteed rate. The Stable Value Account is backed by the general account assets of the issuing company. This contract is reported at contract value which represents the amount participants would receive if they were to initiate a benefit-responsive transaction under the terms of the ongoing plan. Group fixed contracts are between the Plan and the issuer and may not be assigned or sold to another party without the consent of the issuer. The Stable Value Account is considered fully benefit-responsive by management of the Plan. Therefore, the contract is reported at contract value which approximates fair value.

6. RELATED PARTY TRANSACTIONS

The Plan's investments are managed by Lincoln Financial Group Trust Company, Inc., and Lincoln National Life Insurance Company, the custodians of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services for the year ended December 31, 2024, amounted to \$48,493. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

7. TAX STATUS

Effective January 1, 2010, the Plan was drafted to comply with Section 403(b) of the Internal Revenue Code (IRC). The plan sponsor and custodians are not aware of any actions that would adversely affect the tax status of the Plan; therefore, the Plan meets the requirements of the Internal Revenue Code and ERISA to qualify as exempt from federal income taxes. 403(b) plans currently are not required to submit plans to the Internal Revenue Service for determination. However, the plan administrator believes that the Plan was designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Plan may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. For the Plan, a tax position is the Plan's tax-exempt status under the provisions of the IRC and ERISA. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the year ended December 31, 2024. The Plan's policy would be to recognize in income tax expense in its financial statements any interest and penalties on uncertain tax positions related to its unrecognized tax benefits. No interest or penalties were incurred or recognized during the year ended December 31, 2024.

The Plan's Form 5500, *Annual Return/Report of Employee Benefit Plan*, is open for inspection by the taxing authorities, generally for three years after filing.

KABOOM!, INC. 403(b) PLAN

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

8. RISKS AND UNCERTAINTIES

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

9. CONCENTRATION

Investments representing 15% or more of the Plan's net assets as of December 31 are as follows:

	<u>2024</u>		<u>2023</u>	
American Funds 2035 Target Date Retirement	<u>\$ 2,676,331</u>	22.6%	<u>\$ 2,274,691</u>	22.5%

10. CONTINGENCIES

The Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) was signed into law on March 27, 2020, and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), was signed into law December 29, 2019. These laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions.

Effective April 17, 2020, certain provisions were implemented under the CARES Act. The Plan will be formerly amended for the CARES Act and SECURE Act provisions elected in accordance with applicable law and IRS guidance. Under Notice 2022-33 and Notice 2022-45, the IRS has extended the deadline for retirement plans to adopt the amendments required by the SECURE Act and the CARES Act until December 31, 2025.

11. SUBSEQUENT EVENTS

The Plan's management has evaluated subsequent events through July 23, 2025, the date on which the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

KABOOM!, INC. 403(b) PLAN

EIN: 52-1970904

PN: 001

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	American Funds 2035 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	\$ 2,676,331
	American Funds 2045 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	1,700,293
	American Funds 2040 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	1,221,764
	American Funds 2055 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	793,058
	American Funds 2050 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	628,981
	American Funds 2020 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	456,515
	American Funds 2025 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	445,622
*	LVIP SSGA S&P 500 Index	Registered Investment Companies (Mutual Funds)	**	339,073
*	LVIP Macquarie Social Awareness	Registered Investment Companies (Mutual Funds)	**	328,369
	American Funds 2060 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	298,038
	American Funds 2030 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	286,596
*	LVIP Global Growth Allocation Managed Risk	Registered Investment Companies (Mutual Funds)	**	199,552
	MFS Growth	Registered Investment Companies (Mutual Funds)	**	185,974
	Fidelity VIP Contrafund	Registered Investment Companies (Mutual Funds)	**	153,299
*	LVIP Macquarie Wealth Builder	Registered Investment Companies (Mutual Funds)	**	119,219
	American Funds Growth	Registered Investment Companies (Mutual Funds)	**	108,643
	Federated Government Ultrashort Duration	Registered Investment Companies (Mutual Funds)	**	106,143
*	Lincoln Stable Value Fund KBM-001 (Fixed Account)	General Account	**	104,949
	Baird Aggregate Bond	Registered Investment Companies (Mutual Funds)	**	103,932
*	LVIP Macquarie SMID Cap Core Series	Registered Investment Companies (Mutual Funds)	**	97,063
*	LVIP T Rowe Price Mid Cap Growth	Registered Investment Companies (Mutual Funds)	**	95,217
*	LVIP T Rowe Price Managed Risk Profile 2040	Registered Investment Companies (Mutual Funds)	**	93,488
*	LVIP T Rowe Price Managed Risk Profile 2050	Registered Investment Companies (Mutual Funds)	**	91,422
*	Lincoln Fixed Account CR29917	General Account	**	84,945
	American Funds Global Growth	Registered Investment Companies (Mutual Funds)	**	80,845
	Vanguard 500 Index	Registered Investment Companies (Mutual Funds)	**	80,821
	Macquarie Small Cap Value	Registered Investment Companies (Mutual Funds)	**	71,316
	PGIM Jennison Small Company	Registered Investment Companies (Mutual Funds)	**	57,561
*	LVIP Macquarie Diversified Income	Registered Investment Companies (Mutual Funds)	**	53,592
	American Fnds Growth-Income	Registered Investment Companies (Mutual Funds)	**	53,061
	American Funds 2065 Target Date Retirement Class	Registered Investment Companies (Mutual Funds)	**	51,889
*	LVIP Baron Growth Opportunities	Registered Investment Companies (Mutual Funds)	**	48,185
*	LVIP Macquarie Mid Cap Value Fund	Registered Investment Companies (Mutual Funds)	**	45,065
*	LVIP Dimensional U.S. Core Equity 1	Registered Investment Companies (Mutual Funds)	**	44,378
	American Funds International	Registered Investment Companies (Mutual Funds)	**	40,913
	American Funds International Growth and Income	Registered Investment Companies (Mutual Funds)	**	40,222
*	LVIP SSGA Global Tactical Allocation Managed Volatility	Registered Investment Companies (Mutual Funds)	**	36,374
*	LVIP Macquarie Value Series	Registered Investment Companies (Mutual Funds)	**	32,629
*	LVIP SSGA Small-Cap Index	Registered Investment Companies (Mutual Funds)	**	30,541
*	Lincoln Forfeitures in General Insurance Acct KMB-001	General Account	**	28,800
*	LVIP Global Conservative Allocation Managed Risk	Registered Investment Companies (Mutual Funds)	**	26,154
*	LVIP Macquarie U.S. REIT Fund	Registered Investment Companies (Mutual Funds)	**	20,828
*	LVIP Vanguard Domestic Equity ETF	Registered Investment Companies (Mutual Funds)	**	19,503
*	LVIP Macquarie Bond	Registered Investment Companies (Mutual Funds)	**	17,188
*	LVIP Global Moderate Allocation Managed Risk	Registered Investment Companies (Mutual Funds)	**	16,493
	Fidelity VIP Growth	Registered Investment Companies (Mutual Funds)	**	12,847
	MFS Utilities	Registered Investment Companies (Mutual Funds)	**	11,644

-Continued-

* A party-in-interest as defined by ERISA.

** Cost information not required - participant-directed investment.

KABOOM!, INC. 403(B) PLAN

EIN: 52-1970904

PN: 001

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	LVIP Vanguard International Equity ETF	Registered Investment Companies (Mutual Funds)	**	\$ 8,130
*	LVIP Government Money Market	Registered Investment Companies (Mutual Funds)	**	8,361
*	LVIP Blackrock Inflation Protected Bond	Registered Investment Companies (Mutual Funds)	**	6,126
*	LVIP JP Morgan Mid Cap Value Managed Volatility	Registered Investment Companies (Mutual Funds)	**	5,128
	American Funds American Balanced Class R6	Registered Investment Companies (Mutual Funds)	**	5,019
	American Funds Capital World Growth and Income Class R6	Registered Investment Companies (Mutual Funds)	**	4,622
*	LVIP Blended Mid-Cap Growth Managed Volatility	Registered Investment Companies (Mutual Funds)	**	4,425
*	LVIP Mondrian International Value	Registered Investment Companies (Mutual Funds)	**	4,251
*	LVIP Franklin Templeton MF EM Equity Fund	Registered Investment Companies (Mutual Funds)	**	3,831
	American Funds New World Class R6	Registered Investment Companies (Mutual Funds)	**	3,399
*	LVIP Macquarie High Yield Fund	Registered Investment Companies (Mutual Funds)	**	3,210
*	LVIP SSGA Bond Index	Registered Investment Companies (Mutual Funds)	**	3,066
	Vanguard Inflation Protected Securities Admiral Shares	Registered Investment Companies (Mutual Funds)	**	2,811
	PIMCO VIT Total Return Portfolio	Registered Investment Companies (Mutual Funds)	**	2,538
*	LVIP Blended Large-Cap Growth Managed Volatility	Registered Investment Companies (Mutual Funds)	**	2,285
	PIMCO Intl Bond US Dollar Hedged Instl Class	Registered Investment Companies (Mutual Funds)	**	2,234
	Blackrock Global Allocation	Registered Investment Companies (Mutual Funds)	**	2,162
*	LVIP T Rowe Price Managed Risk Profile 2030	Registered Investment Companies (Mutual Funds)	**	1,980
*	LVIP JP Morgan Retirement Income Fund	Registered Investment Companies (Mutual Funds)	**	1,506
*	LVIP Blackrock Equity Dividend Managed Volatility	Registered Investment Companies (Mutual Funds)	**	1,477
	Alliance Bernstein VPS Global Thematic Growth	Registered Investment Companies (Mutual Funds)	**	1,121
*	LVIP SSGA International Managed Volatility	Registered Investment Companies (Mutual Funds)	**	1,000
*	Vanguard Selected Value Investor Shares	Registered Investment Companies (Mutual Funds)	**	970
	Deutsche Alternative Asset Allocation VIP	Registered Investment Companies (Mutual Funds)	**	969
	MFS Massachusetts Investors Trust Class R6	Registered Investment Companies (Mutual Funds)	**	878
	Invesco Oppenheimer International Growth Class R6	Registered Investment Companies (Mutual Funds)	**	785
	MFS Mid Cap Growth Class R6	Registered Investment Companies (Mutual Funds)	**	579
	Vanguard International Value Investor Shares	Registered Investment Companies (Mutual Funds)	**	506
	Vanguard Real Estate Index Admiral Shares	Registered Investment Companies (Mutual Funds)	**	499
	DFA US Small Cap Value Institutional Class	Registered Investment Companies (Mutual Funds)	**	428
	PIMCO Commodity Real Return Strategy Institutional Class	Registered Investment Companies (Mutual Funds)	**	264
*	LVIP Mondrian Global Income Fund	Registered Investment Companies (Mutual Funds)	**	136
*	Participant Loans KBM-0001	Interest Rate 4.25% - 9.50%	**	70,372
*	Participant Loans CR29917	Interest Rate 4.50%	**	64,521
	Total Investments			\$ 11,858,924

* A party-in-interest as defined by ERISA.

** Cost information not required - participant-directed investment.

KABOOM!, INC. 403(b) PLAN

EIN: 52-1970904

PN: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2024

Participant Contributions Transferred Late to the Plan				Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51	
Check here if Late Participant Loan Repayments are included:				Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
Amount Withheld	Date Withheld	Date Remitted	Date Fully Corrected	Amount	Contribution Amount	Amount	Amount	
\$ 24,432	3/31/2023	4/12/2023	9/10/24	X	\$ -	\$ 24,432	\$ -	\$ -
<u>\$ 24,432</u>					<u>\$ -</u>	<u>\$ 24,432</u>	<u>\$ -</u>	<u>\$ -</u>

SUPPLEMENTARY INFORMATION

KABOOM!, INC. 403(b) PLAN

EIN: 52-1970904

PN: 001

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	American Funds 2035 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	\$ 2,676,331
	American Funds 2045 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	1,700,293
	American Funds 2040 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	1,221,764
	American Funds 2055 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	793,058
	American Funds 2050 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	628,981
	American Funds 2020 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	456,515
	American Funds 2025 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	445,622
*	LVIP SSGA S&P 500 Index	Registered Investment Companies (Mutual Funds)	**	339,073
*	LVIP Macquarie Social Awareness	Registered Investment Companies (Mutual Funds)	**	328,369
	American Funds 2060 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	298,038
	American Funds 2030 Target Date Retirement	Registered Investment Companies (Mutual Funds)	**	286,596
*	LVIP Global Growth Allocation Managed Risk MFS Growth	Registered Investment Companies (Mutual Funds)	**	199,552
	Fidelity VIP Contrafund	Registered Investment Companies (Mutual Funds)	**	185,974
*	LVIP Macquarie Wealth Builder	Registered Investment Companies (Mutual Funds)	**	153,299
	American Funds Growth	Registered Investment Companies (Mutual Funds)	**	119,219
	Federated Government Ultrashort Duration	Registered Investment Companies (Mutual Funds)	**	108,643
*	Lincoln Stable Value Fund KBM-001 (Fixed Account)	Registered Investment Companies (Mutual Funds) General Account	**	106,143
	Baird Aggregate Bond	Registered Investment Companies (Mutual Funds)	**	104,949
*	LVIP Macquarie SMID Cap Core Series	Registered Investment Companies (Mutual Funds)	**	103,932
*	LVIP T Rowe Price Mid Cap Growth	Registered Investment Companies (Mutual Funds)	**	97,063
*	LVIP T Rowe Price Managed Risk Profile 2040	Registered Investment Companies (Mutual Funds)	**	95,217
*	LVIP T Rowe Price Managed Risk Profile 2050	Registered Investment Companies (Mutual Funds)	**	93,488
*	Lincoln Fixed Account CR29917	Registered Investment Companies (Mutual Funds) General Account	**	91,422
	American Funds Global Growth	Registered Investment Companies (Mutual Funds)	**	84,945
	Vanguard 500 Index	Registered Investment Companies (Mutual Funds)	**	80,845
	Macquarie Small Cap Value	Registered Investment Companies (Mutual Funds)	**	80,821
	PGIM Jennison Small Company	Registered Investment Companies (Mutual Funds)	**	71,316
*	LVIP Macquarie Diversified Income	Registered Investment Companies (Mutual Funds)	**	57,561
	American Fnds Growth-Income	Registered Investment Companies (Mutual Funds)	**	53,592
	American Funds 2065 Target Date Retirement Class	Registered Investment Companies (Mutual Funds)	**	53,061
*	LVIP Baron Growth Opportunities	Registered Investment Companies (Mutual Funds)	**	51,889
*	LVIP Macquarie Mid Cap Value Fund	Registered Investment Companies (Mutual Funds)	**	48,185
*	LVIP Dimensional U.S. Core Equity 1	Registered Investment Companies (Mutual Funds)	**	45,065
	American Funds International	Registered Investment Companies (Mutual Funds)	**	44,378
	American Funds International Growth and Income	Registered Investment Companies (Mutual Funds)	**	40,913
*	LVIP SSGA Global Tactical Allocation Managed Volatility	Registered Investment Companies (Mutual Funds)	**	40,222
*	LVIP Macquarie Value Series	Registered Investment Companies (Mutual Funds)	**	36,374
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	Fidelity VIP Growth	Registered Investment Companies (Mutual Funds)	**	16,493
	MFS Utilities	Registered Investment Companies (Mutual Funds)	**	12,847
			**	11,644

-Continued-

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** Cost information not required - participant-directed investment.

KABOOM!, INC. 403(B) PLAN

EIN: 52-1970904

PN: 001

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
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	American Funds Capital World Growth and Income Class R6	Registered Investment Companies (Mutual Funds)	**	4,622
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*	LVIP Blended Large-Cap Growth Managed Volatility	Registered Investment Companies (Mutual Funds)	**	2,285
	PIMCO Intl Bond US Dollar Hedged Instl Class	Registered Investment Companies (Mutual Funds)	**	2,234
	Blackrock Global Allocation	Registered Investment Companies (Mutual Funds)	**	2,162
*	LVIP T Rowe Price Managed Risk Profile 2030	Registered Investment Companies (Mutual Funds)	**	1,980
*	LVIP JP Morgan Retirement Income Fund	Registered Investment Companies (Mutual Funds)	**	1,506
*	LVIP Blackrock Equity Dividend Managed Volatility	Registered Investment Companies (Mutual Funds)	**	1,477
	Alliance Bernstein VPS Global Thematic Growth	Registered Investment Companies (Mutual Funds)	**	1,121
*	LVIP SSGA International Managed Volatility	Registered Investment Companies (Mutual Funds)	**	1,000
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	Deutsche Alternative Asset Allocation VIP	Registered Investment Companies (Mutual Funds)	**	969
	MFS Massachusetts Investors Trust Class R6	Registered Investment Companies (Mutual Funds)	**	878
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KABOOM!, INC. 403(b) PLAN

EIN: 52-1970904

PN: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2024

Participant Contributions Transferred Late to the Plan				Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51	
Check here if Late Participant Loan Repayments are included: X				Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
Amount Withheld	Date Withheld	Date Remitted	Date Fully Corrected	Amount	Contribution Amount	Amount	Amount	
\$ 24,432	3/31/2023	4/12/2023	9/10/24	X	\$ -	\$ 24,432	\$ -	\$ -
<u>\$ 24,432</u>					<u>\$ -</u>	<u>\$ 24,432</u>	<u>\$ -</u>	<u>\$ -</u>