

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan ATURSIS ENTERTAINMENT, INC. PROFIT SHARING PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 04/22/1998
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) ATURSIS ENTERTAINMENT, INC. 9100 WILSHIRE BLVD., 1000 WEST BEVERLY HILLS, CA 90212-3413
2b Employer Identification Number (EIN) 95-4672496
2c Sponsor's telephone number 310-288-6238
2d Business code (see instructions) 512100
3a Plan administrator's name and address [X] 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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 1
5b Total number of participants at the end of the plan year 1
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 1
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 1
5d(1) Total number of active participants at the beginning of the plan year 1
5d(2) Total number of active participants at the end of the plan year 1
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, ADAM HERZ. Second row: SIGN HERE, Signature of employer/plan sponsor, Date, ADAM HERZ.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	1691335	1821063
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1691335	1821063
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	0	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	129728	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		129728
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	0	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	0	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		0
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		129728
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>		X	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704091A.

# FIRST CAPITAL BENEFIT ADVISORS INC

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MAILING: P.O. BOX 3009 WESTLAKE VILLAGE CA 91359

PHONE: 805-370-1093 FAX 805-497-8003

FEDEX AND UPS ONLY: 4385 AMBERCREST PLACE, WESTLAKE VILLAGE CA 91362

FCBAINC@GMAIL.COM

**NEW WEBSITE: FCBATPA.COM**

Sep 16 2025

Grant, Tani, Barash & Altman, Inc.  
9100 Wilshire Blvd 1000 West  
Beverly Hills CA 90212-3413

RE: Atursis Entertainment, Inc. Profit Sharing Plan  
Plan Year Ending: 12/31/2024

Dear Marc :

Enclosed for your review are the following items:

Annual Valuation Booklet  
Employee Statement(s)  
Summary Annual Reports(s)

Please distribute each indicated item as follows:

**Annual Valuation Booklet:** To be retained in the corporate files.

**Employee Statement(s):** To each Plan Participant.

**Summary Annual Report(s):** To each Plan Participant.

**Beneficiary Designation Form(s):** Blank copies of the beneficiary designation form are available upon request. All new Plan Participants, and existing Plan Participants who wish to revoke and change a designation, should returned a completed copy to us (also keep a copy for your files).

Should you have any questions regarding the enclosed materials, please contact our office.

**If you made contributions to the plan for this pension plan year :**

Please also take a moment to give a final double-check that the contributions, IF ANY, that we show at the bottom of the second page of the Annual Valuation Booklet for this pension plan year are in fact the contributions that are being deducted on the business tax return for this business tax year, and that the dates and amounts are correct and that the dates shown are the actual dates the monies went into a pension account.

Best Regards,

Peter D. Austin, FSA, CFA  
Consulting Actuary  
PDA/ah  
Enc.

# FIRST CAPITAL BENEFIT ADVISORS INC

---

MAILING: P.O. BOX 3009 WESTLAKE VILLAGE CA 91359  
PHONE: 805-370-1093 FAX 805-497-8003  
FEDEX AND UPS ONLY: 4385 AMBERCREST PLACE, WESTLAKE VILLAGE CA 91359  
FCBAINC@GMAIL.COM

Sep 16 2025

Grant, Tani, Barash & Altman, Inc.  
9100 Wilshire Blvd 1000 West  
Beverly Hills CA 90212-3413

RE: Atursis Entertainment, Inc. Profit Sharing Plan  
Plan Year Ending: 12/31/2024

Dear Marc :

## FORM 5500 INSTRUCTIONS

Enclosed please find copies of the Annual Report for the above-referenced plan to be filed as follows :

One Set : Return to us, signed

One Set : Business Files ( Included in the Annual Valuation Booklet )

If we are to electronically file for you, we need the signed copy back for our files.  
Form 5500 must be signed. A corporate officer must sign the 5500.

**The form must be filed timely in order to avoid the \$ 250 per day late penalty the EFAST-2 will assess if the form is not filed on or before the due date.**

**Please note that the deadline for filing this form WITH THE IRS is **October 15, 2025****

Best Regards,

Peter D. Austin, FSA, CFA  
Consulting Actuary  
PDA/ah  
Enc.

CONTRIBUTIONS AND PLAN ASSETS

9485

ATURSIS ENTERTAINMENT, INC. PROFIT SHARING PLAN  
 FOR PLAN YEAR 1/01/2024 TO 12/31/2024

CONTRIBUTIONS FOR PLAN YEAR	ACTUAL CONTRIBUTIONS			
	DATE MADE	AMOUNT	DATE MADE	AMOUNT
TOTAL ACTUAL CONTRIB.		\$0		

ASSETS FOR PLAN YEAR	BEGINNING OF YEAR		END OF YEAR	
	1/01/2024		12/31/2024	
#565-014483-565		1691335		1821063
RECEIVABLE CONTRIBUTIONS				
RECEIVABLE INTEREST				
PARTICIPANT LOANS				
PAYABLES/OTHER PLANS				
TOTAL ASSETS		1691335		1821063
	PS	1691335	PS	1821063
				0
				0

RECONCILIATION FOR YEAR						
	TOTAL BEGINNING OF YEAR	CONTRIBUTIONS FOR YEAR	INTEREST EARNED IN YEAR	BENEFITS PAID IN YEAR	INS PREMS PD IN YEAR	TOTAL END OF YEAR
PS	1691335	0	129728			1821063
			0			0
			0			0
TOTAL	1691335	0	129728	0	0	1821063

THE ABOVE LISTINGS OF CONTRIBUTIONS AND ASSETS WERE PROVIDED TO US BY THE EMPLOYER/SPONSOR. PLEASE VERIFY THAT THESE ARE CORRECT OR NOTIFY US IMMEDIATELY WITH ANY CHANGES.

PROFIT SHARING PLAN ALLOCATION FOR PLAN YEAR

ATURSIS ENTERTAINMENT, INC. PROFIT SHARING PLAN

PLAN YEAR 1/01/2024 TO 12/31/2024

PARTICIPANT	STATUS B E O O Y Y	ACCOUNT BALANCE BEG OF YR	CONTRIBUTION FOR YEAR	INTEREST FOR YEAR	BENEFITS PAID FOR YEAR	FORF FOR YEAR	INSUR PREM PAID	ACCOUNT BALANCE END OF YR
Adam Herz	11	1691335		129728				1821063

1691335 0 129728 0 0 0 1821063

PARTICIPANT	DATE OF ENTRY	ACCOUNT BALANCE BEG OF YR	ACCOUNT BALANCE END OF YR	CURRENT YEAR COMPENSATION
Adam Herz	4/22/1998	1691335	1821063	

1691335 1821063 0

TOTALS FOR ALL PARTICIPANTS COMBINED		
	BEG OF YEAR	END OF YEAR
ACCOUNT BALANCES	1691335	1821063
TOTAL ASSETS	1691335	1821063

**ATURSIS ENTERTAINMENT, INC. PROFIT SHARING PLAN  
SUMMARY ANNUAL REPORT**

EIN    95-4672496  
1/01/2024    TO    12/31/2024

This is a summary annual report for the above plan. The annual report ( Series 5500 ) has been filed with the Internal Revenue Service, as required under the Employee Retirement Income Security Act of 1974 ( ERISA ).

**BASIC FINANCIAL STATEMENT**

Benefits under the plan are provided by a trust fund.

Plan expenses for the period were \$ 0 . These expenses included \$ 0 in administrative expenses, \$ 0 in benefits paid to participants and beneficiaries, and \$ 0 in other expenses. A total of 2 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these people had yet earned the right to receive benefits.

The value of plan assets after subtracting plan liabilities was \$ 1,691,335 as at the beginning of the year, as compared to \$ 1,821,063 as at the end of the year. During the plan year, the plan experienced an increase in its assets of \$ 129,728. This change included unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$ 129,728 including employer contributions of \$ 0 and earnings from investments of \$ 129,728.

**MINIMUM FUNDING STANDARDS**

The Plan is not subject to the minimum funding standards of ERISA.

**YOUR RIGHTS TO ADDITIONAL INFORMATION**

You have the right to receive a copy of the full annual report or any part thereof, on request. The items below are included in that report :

- Assets held for investment
- Transactions in excess of 3% of plan assets
- Insurance information including sales commissions paid by insurance carriers
- Actuarial information regarding the funding of the plan

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Administrator :

Grant, Tani, Barash & Altman, Inc.  
9100 Wilshire Blvd 1000 West  
Beverly Hills CA 90212-3413  
310-288-6245

The charge to cover copying costs will be \$ 1.25 for the full annual report or \$ 0.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report ( these portions are included without charge.

You also have the legally protected right to examine the annual report at the main office of the plan, at the above address and at the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to : Public Disclosure Room, N4677, Pension and Welfare Benefit Programs, Department of Labor, 200 Constitution Avenue, N.W., Washington D.C. 20216.

**ATURSIS ENTERTAINMENT, INC. PROFIT SHARING PLAN  
SUMMARY ANNUAL REPORT**

EIN    95-4672496  
1/01/2024    TO    12/31/2024

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Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2024

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A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer)
B This return/report is [ ] the first return/report [ ] the final return/report
C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan ATURSIS ENTERTAINMENT, INC. PROFIT SHARING PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 04/22/1998
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) ATURSIS ENTERTAINMENT, INC. 9100 WILSHIRE BLVD., 1000 WEST BEVERLY HILLS CA 90212-3413
2b Employer Identification Number (EIN) 95-4672496
2c Sponsor's telephone number 310-288-6238
2d Business code (see instructions) 512100
3a Plan administrator's name and address [X] 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.
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4d PN
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5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 09/16/2025 ADAM HERZ
Signature of plan administrator Date Enter name of individual signing as plan administrator
SIGN HERE 09/16/2025 ADAM HERZ
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor