

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: DMB SPORTS CLUBS LTD PARTNERSHIP EMPLOYEE SAVINGS TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan): DMB SPORTS CLUBS LIMITED PARTNERSHIP
2b Employer Identification Number (EIN): 86-0661323
2c Plan Sponsor's telephone number: 602-840-6412
2d Business code (see instructions): 713900

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

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

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

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

Form 5500 (2024) v. 240311

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 339 |
| 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) | 267 |
| | 6a(2) | 275 |
| | 6b | 0 |
| | 6c | 70 |
| | 6d | 345 |
| | 6e | 0 |
| | 6f | 345 |
| | 6g(1) | 326 |
| 6g(2) | 332 | |
| 6h | 0 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 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 type="checkbox"/> Insurance | (1) <input 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 type="checkbox"/> A (Insurance Information) – Number Attached _____ |
| (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 checked="" 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 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. |
|--|--|---|

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

| | | |
|--|--|------------|
| A Name of plan DMB SPORTS CLUBS LTD PARTNERSHIP EMPLOYEE SAVINGS TRUST | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 DMB SPORTS CLUBS LIMITED PARTNERSHIP | D Employer Identification Number (EIN) 86-0661323 | |

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

CHARLES SCHWAB & CO. INC. & AFFILIA

94-1737782

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

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

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

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

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

WELLS CAPITAL MANAGEMENT INCOR

95-3692822

| (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? |
|------------------------|---|--|--|--|---|--|
| 28 50 | NONE | 20000 | Yes <input type="checkbox"/> No <input checked="" 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"/> |

(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 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>DMB SPORTS CLUBS LTD PARTNERSHIP EMPLOYEE SAVINGS TRUST</u> | B Three-digit plan number (PN) | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DMB SPORTS CLUBS LIMITED PARTNERSHIP</u> | D Employer Identification Number (EIN) <u>86-0661323</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|---|-----------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | <u>INVESCO STABLE VALUE TRUST</u> | |
| b Name of sponsor of entity listed in (a): | <u>INVESCO TRUST COMPANY</u> | |
| c EIN-PN <u>84-1142974-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

| | | |
|--|--|---|
| 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 |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan DMB SPORTS CLUBS LTD PARTNERSHIP EMPLOYEE SAVINGS TRUST | B Three-digit plan number (PN) 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 DMB SPORTS CLUBS LIMITED PARTNERSHIP | D Employer Identification Number (EIN) 86-0661323 |

| | |
|---------------|--------------------------------------|
| 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.

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 252809 | 268979 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 220751 |
| (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) | 65731 | 112571 |
| (9) Value of interest in common/collective trusts | 1c(9) | 280333 | 0 |
| (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) | 15622269 | 18650482 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 16221142 | 19252783 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | | |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 16221142 | 19252783 |

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) | 280192 | |
| (B) Participants..... | 2a(1)(B) | 927416 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 2088 | |
| (2) Noncash contributions..... | 2a(2) | | 1209696 |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 5615 | |
| (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) | 5556 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 11171 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | 768023 |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 768023 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | |
| (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) | | 4118 |
| (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) | | 1622191 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 3615199 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 559159 | |
| (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) | | 559159 |
| f Corrective distributions (see instructions) | 2f | | 1021 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 3378 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 20000 | |
| (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) | | 23378 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 583558 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 3031641 |
| 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: **BARRY & MOORE CPAS, PLC**

(2) EIN: **82-4082608**

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.) | | X | |
| 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.) | | X | |
| 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.) | | X | |
| 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.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| 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? | | X | |
| 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? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| 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.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

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

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <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. |
|--|---|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>DMB SPORTS CLUBS LTD PARTNERSHIP EMPLOYEE SAVINGS TRUST</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>DMB SPORTS CLUBS LIMITED PARTNERSHIP</u> | D Employer Identification Number (EIN) <u>86-0661323</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): 82-3967259

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|--|
| 3 | |
|---|--|

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

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

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

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

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

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

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

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

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 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704158A.

**DMB SPORTS CLUBS LIMITED PARTNERSHIP
EMPLOYEE SAVINGS TRUST**

FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Together with Independent Auditors' Report

DMB SPORTS CLUBS LIMITED PARTNERSHIP EMPLOYEE SAVINGS TRUST

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INDEPENDENT AUDITORS' REPORT

To the Participants and 401(k) Plan Oversight Committee
DMB Sports Clubs Limited Partnership Employee Savings Trust
Phoenix, Arizona

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

We have performed audits of the accompanying financial statements of DMB Sports Clubs Limited Partnership Employee Savings Trust, 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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of DMB Sports Clubs Limited Partnership Employee Savings Trust'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 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 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 Auditors' 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of DMB Sports Clubs Limited Partnership Employee Savings Trust 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 DMB Sports Clubs Limited Partnership Employee Savings Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 DMB Sports Clubs Limited Partnership Employee Savings Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about DMB Sports Clubs Limited Partnership Employee Savings Trust'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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) 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 supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Barry & Moore CPAs, PLC
Phoenix, Arizona
September 19, 2025

Barry & Moore CPAs, PLC

DMB SPORTS CLUBS LIMITED PARTNERSHIP EMPLOYEE SAVINGS TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|------------------------------------|---------------|---------------|
| ASSETS | | |
| Investments | | |
| Mutual funds | \$ 18,871,233 | \$ 15,622,269 |
| Collective investment trust | - | 280,333 |
| Total investments | 18,871,233 | 15,902,602 |
| Receivables | | |
| Employer contributions | 268,979 | 252,809 |
| Notes receivable from participants | 112,571 | 65,731 |
| Total receivables | 381,550 | 318,540 |
| Total assets | \$ 19,252,783 | \$ 16,221,142 |
| LIABILITIES | | |
| Administrative expenses payable | \$ 5,000 | \$ 5,000 |
| Corrective distributions payable | 545 | 1,201 |
| Total liabilities | 5,545 | 6,201 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 19,247,238 | \$ 16,214,941 |

See accompanying notes and independent auditors' report.

DMB SPORTS CLUBS LIMITED PARTNERSHIP EMPLOYEE SAVINGS TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|--|---------------|---------------|
| ADDITIONS TO NET ASSETS | | |
| Investment income | | |
| Net appreciation in fair value of investments | \$ 1,576,370 | \$ 1,677,277 |
| Dividends | 823,577 | 580,164 |
| Net investment income | 2,399,947 | 2,257,441 |
| Interest on notes receivable from participants | 5,556 | 4,412 |
| Contributions | | |
| Participant | 927,416 | 822,607 |
| Employer | 280,192 | 254,100 |
| Rollover | 2,088 | 30,464 |
| Total contributions | 1,209,696 | 1,107,171 |
| Total additions | 3,615,199 | 3,369,024 |
| DEDUCTIONS FROM NET ASSETS | | |
| Benefits paid to participants | 559,159 | 856,832 |
| Corrective distributions | 365 | 3,263 |
| Administrative expenses | 23,378 | 21,331 |
| Total deductions | 582,902 | 881,426 |
| NET INCREASE | 3,032,297 | 2,487,598 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of the year | 16,214,941 | 13,727,343 |
| End of the year | \$ 19,247,238 | \$ 16,214,941 |

See accompanying notes and independent auditors' report.

DMB SPORTS CLUBS LIMITED PARTNERSHIP EMPLOYEE SAVINGS TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

(1) DESCRIPTION OF THE PLAN

The following description of the DMB Sports Clubs Limited Partnership Employee Savings Trust (the “Plan”) provides only general information. Participants should refer to the Plan’s governing documents for a complete description of the Plan’s provisions.

General

The Plan was established effective October 1, 2009. The Plan is a defined contribution plan covering employees of DMB Sports Clubs Limited Partnership (the “Partnership”), who meet eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan is a profit-sharing plan, which qualifies under Section 401 and 401(k) of the Internal Revenue Code of 1986. The Plan provides for retirement, disability, and death benefits for eligible employees.

Administration

The Partnership sponsors the Plan and serves as the plan administrator and named fiduciary. The Partnership has established the 401(k) Plan Oversight Committee for plan administration and fiduciary oversight. Day-to-day administration is performed by the Partnership’s Human Resources department.

The Partnership has contracted with Schwab Retirement Plan Services, Inc. to perform recordkeeping and administrative services for the Plan. Included in these services, Schwab Retirement Plan Services, Inc. maintains the participants’ accounts and prepares the Plan’s Form 5500.

The Partnership has contracted Charles Schwab Trust Bank to serve as Plan’s trustee and custodian. Charles Schwab Trust Bank holds the Plan’s investment assets and executes investment transactions.

The Partnership has contracted with Pathlight Advisors to provide investment advisory services for the Plan. Pathlight Advisors recommends investment strategies and funds, which are reviewed and approved by the 401(k) Plan Oversight Committee.

Eligibility

An employee must be age 21 and have completed one year of service to be eligible to participate in the Plan. An employee will have completed one year of service if, at the end of the first twelve months of employment, the employee is credited with at least 1,000 hours of service. If the employee has not been credited with at least 1,000 hours of service at the end of the first twelve months of employment, the employee will have completed a year of service at the end of any following plan year in which the employee is credited with at least 1,000 hours of service.

(1) DESCRIPTION OF THE PLAN (Continued)

Eligibility (Continued)

Effective January 1, 2024, employees who have attained age 21 and completed at least 500 hours of service in three consecutive years became eligible to make elective deferrals. These employees are not eligible for employer contributions or automatic enrollment.

Contributions

Participants may elect to defer up to 75% of eligible compensation on a pre-tax or Roth basis, subject to IRS limits. Elective deferrals may not exceed \$23,000 for 2024 and \$22,500 for 2023. Participants who are age 50 or older by year-end may make additional catch-up contributions of up to \$7,500 per year.

Eligible employees are automatically enrolled in the Plan with a contribution rate of 3% of compensation, unless they elect otherwise.

On an annual basis, the Partnership determines the amount of the matching contribution to be made. To receive a match, a participant must be employed on the last day of the Plan year and have made elective deferrals during the year. For 2024 and 2023, the Partnership contributed 50% of the first 6% of each participant's elective deferrals.

Pro-rata employer contributions may be determined as a uniform percentage of compensation or as a uniform dollar amount. No pro-rata contributions were made during 2024 or 2023.

Excess Contributions Refundable

Corrective distributions of \$365 for 2024 and \$3,263 for 2023 were made to certain participants to return excess deferral contributions in order to satisfy the nondiscrimination requirements of the Plan. Such amounts are generally refunded in the year following the respective plan year.

Vesting

Participants are immediately vested in their elective deferral contributions and employer matching contributions. Pro-rata employer contributions and related earnings vest based on years of service in which at least 1,000 hours are worked. Participants become 20% vested after completing two years of such service, and then another 20% each year thereafter until the participant is fully vested. In addition, participants are fully vested upon reaching normal retirement age, or in the event of death or total and permanent disability.

(1) DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

The Plan maintains an individual account for each participant. Each participant's account is credited with the participant's contributions, employer contributions, and investment income (loss), and is charged with benefit payments and administrative expenses.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms may not exceed five years (unless it is for the purchase of a primary residence). Loans are secured by the participant's account balance and bear interest at the prime rate plus 1% at the time of origination. Principal and interest are generally repaid through payroll deductions.

Investment Options

Participants may direct the investment of their participant accounts into the investment options offered by the Plan, which include a range of mutual funds with differing levels of risk and return. Participants may change their investment elections and transfer balances among the available options at any time. If a participant does not make an investment election, contributions are automatically invested in an age-appropriate target date fund.

Forfeited Accounts

Non-vested portions of participant accounts are forfeited upon termination of employment. Forfeitures may be used to pay administrative expenses, reduce employer contributions, or restore previously forfeited accounts for participants who later return to the Plan. At December 31, 2024 and 2023, there were no forfeited non-vested accounts. There were no forfeitures during 2024 or 2023.

Benefit Payments

Participants may receive distributions of their vested account balance upon attainment of age 59½, termination of employment, death, disability, retirement, or other circumstances permitted by the Plan. Distributions may be made in the form of a lump sum, rollover, or installment payments if the account balance exceeds \$7,000. Participants may also be eligible for in-service withdrawals at age 59½ and for hardship withdrawals under certain conditions. Benefits are limited to the vested portion of the participant's account.

(2) SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

(2) SUMMARY OF ACCOUNTING POLICIES (Continued)

Use of Estimates

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

Notes Receivable from Participants

Notes receivable from participants are stated at their unpaid principal balance plus accrued interest. Interest income is recognized as earned. No allowance for credit losses has been recorded, as defaulted notes receivable are treated as taxable deemed distributions to the respective participants.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices available in active markets.

Net appreciation or depreciation in the fair value of investments includes realized gains and losses, changes in unrealized appreciation or depreciation, and capital gain distributions. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payments of Benefits

Benefits are recorded when paid. As of December 31, 2024 and 2023, all benefits requested had been paid.

Risk and Uncertainties

The Plan invests in a variety of investments that are exposed to market, interest rate, and credit risks. Due to the level of risk associated with these investments, it is reasonably possible that changes in their fair values 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.

(3) PLAN EXPENSES

Certain administrative expenses are charged to participant accounts. Investment advisory services fees allocated to participant accounts totaled \$20,000 per year in 2024 and 2023. Recordkeeping and administrative services fees allocated to participant accounts totaled \$1,703 in 2024 and \$450 in 2023. Loan fees charged directly to the respective participant accounts totaled \$1,169 in 2024 and \$581 in 2023. Distribution fees charged directly to the respective participant accounts totaled \$506 in 2024 and \$300 in 2023.

Certain administrative expenses, including a portion of recordkeeping and administrative services fees, auditing fees, and personnel time, are incurred by the Partnership. Accordingly, these administrative expenses are not reflected in the accompanying financial statements.

Investment management fees and certain other fund-level expenses are paid from the investment funds and are reflected in the investment values. Accordingly, these amounts are not presented as administrative expenses of the Plan.

(4) INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of annual reporting compliance as permitted by 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. Accordingly, Charles Schwab Trust Bank, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate to the best of their knowledge and belief.

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2024 and 2023.
- Net investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investment information and notes receivable from participants included in the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

(5) PLAN TERMINATION

Although it has not expressed any intent to do so, the Partnership has the right to discontinue its contributions and terminate the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their employer contributions and the Plan assets would be distributed in accordance with the provisions of the Plan.

(6) TAX STATUS

The Plan obtained its latest determination letter on September 21, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has not taken, nor expects to take, any uncertain income tax positions that would require recognition of a liability or disclosure in the Plan's financial statements. The Plan may be subject to routine audits by tax authorities but is not currently under audit. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(7) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan's financial statements are prepared in accordance with accounting principles generally accepted in the United States of America, whereas the Plan's Form 5500 is prepared using a modified cash basis of accounting.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024 and 2023:

| | <u>2024</u> | <u>2023</u> |
|--|-----------------------------|-----------------------------|
| Net assets available for benefits per the financial statements | \$ 19,247,238 | \$ 16,214,941 |
| Adjustment for administrative expenses payable | 5,000 | 5,000 |
| Adjustment for corrective distributions payable | <u>545</u> | <u>1,201</u> |
| Net assets available for benefits per the Form 5500 | <u><u>\$ 19,252,783</u></u> | <u><u>\$ 16,221,142</u></u> |

(7) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| Change in net assets available for benefits per the financial statements | \$ 3,032,297 | \$ 2,487,598 |
| Change in adjustment for corrective distributions payable | <u>(656)</u> | <u>1,201</u> |
| Change in net assets available for benefits per the Form 5500 | <u>\$ 3,031,641</u> | <u>\$ 2,488,799</u> |

(8) COLLECTIVE INVESTMENT TRUST

The Plan previously invested in a collective investment trust, which was designed for long-term retirement investing by offering low volatility, stable principal value, and returns with a capital preservation objective. The investment in the collective investment trust was reported at net asset value (“NAV”), as determined by the trustee based on the fair value of the underlying investments, with NAV used as a practical expedient to estimate fair value. During 2024, the Plan terminated its participation in the collective investment trust and all assets were liquidated and transferred to other investment options within the Plan.

(9) FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1 – Quoted prices in active markets for identical assets.
- Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.
- Level 3 – Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets.

As discussed in Note 8, the Plan’s investment in the collective investment trust was measured at NAV and has not been classified in the fair value hierarchy.

(9) FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

The Plan's investments were classified as follows:

Investments at Fair Value as of December 31, 2024

| <u>Description</u> | <u>Total</u> | <u>Level 1</u> | <u>NAV</u> |
|--------------------|----------------------|----------------------|-------------|
| Mutual funds | <u>\$ 18,871,233</u> | <u>\$ 18,871,233</u> | <u>\$ -</u> |

Investments at Fair Value as of December 31, 2023

| <u>Description</u> | <u>Total</u> | <u>Level 1</u> | <u>NAV</u> |
|-----------------------------|----------------------|----------------------|-------------------|
| Mutual funds | <u>\$ 15,622,269</u> | <u>\$ 15,622,269</u> | <u>\$ -</u> |
| Collective investment trust | <u>280,333</u> | <u>-</u> | <u>280,333</u> |
| Total | <u>\$ 15,902,602</u> | <u>\$ 15,622,269</u> | <u>\$ 280,333</u> |

There were no investments utilizing Level 2 or Level 3 inputs as of December 31, 2024 and 2023, and there were no transfers between levels of the fair value hierarchy during 2024.

(10) PARTY-IN-INTEREST TRANSACTIONS

The Plan pays certain administrative expenses to Schwab Retirement Plan Services, Inc., a party-in-interest to the Plan.

The Plan invests in the Schwab Government Money Fund, which is issued and managed by affiliates of Schwab Retirement Plan Services, Inc.

The Plan pays investment advisory fees to Pathlight Advisors, a party-in-interest to the Plan.

The Plan issues loans to participants, which are secured by the vested balance of the respective participants' accounts.

These transactions qualify as party-in-interest transactions, which are specifically exempt from the prohibited transaction rules of ERISA.

(11) SUBSEQUENT EVENTS

Management has evaluated all subsequent events through the date the financial statements were available to be issued on September 19, 2025. No subsequent events occurred during this period which require adjustment to or disclosure in the financial statements, except as discussed below.

Auto Escalation

In September 2025, the 401(k) Plan Oversight Committee approved an amendment, effective January 1, 2026, to implement an automatic escalation feature. Under this amendment, participants subject to automatic enrollment will have their elective deferral rate automatically increased by 1% each year until reaching a maximum of 15% of eligible compensation, unless they elect otherwise. Participants may opt out of the feature at any time.

DMB SPORTS CLUBS LIMITED PARTNERSHIP EMPLOYEE SAVINGS TRUST
EIN# 86-0661323 PLAN NUMBER: 001
ANNUAL REPORT SCHEDULE
AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2024

(1) Schedule H, line 4a – Schedule of Delinquent Participant Contributions

None.

(2) Schedule H, line 4b – Obligations in Default

None.

(3) Schedule H, line 4c – Leases in Default

None.

(4) Schedule H, line 4d – Nonexempt with Party-in-Interest Transactions

None.

(5) Schedule H, line 4i – Schedule of Assets (Held at End of Year)

See attached schedule.

(6) Schedule H, line 4j – Schedule of Reportable Transactions

None.

See accompanying independent auditors' report.

DMB SPORTS CLUBS LIMITED PARTNERSHIP EMPLOYEE SAVINGS TRUST
 EIN# 86-0661323 PLAN NUMBER: 001
 SCHEDULE H, LINE 4i
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|-----|--|-------------------------------|----------|-------------------|
| | Allspring Small Company Value 1,036 shares | Mutual Fund | ** | \$ 38,274 |
| | Allspring Special Mid Cap Value 123 shares | Mutual Fund | ** | 5,901 |
| | American Funds Capital World Bond R6 1,098 shares | Mutual Fund | ** | 17,156 |
| | American Funds New Perspective R6 39,374 shares | Mutual Fund | ** | 2,447,076 |
| | Blackrock Emerging Markets A 7,375 shares | Mutual Fund | ** | 173,754 |
| | Delaware Diversified Income I 24,218 shares | Mutual Fund | ** | 183,084 |
| | Fidelity 500 Index 17,201 shares | Mutual Fund | ** | 3,512,234 |
| | Goldman Sachs Small/Mid Cap Growth 20,912 shares | Mutual Fund | ** | 515,271 |
| | Invesco Global Real Estate R5 1,223 shares | Mutual Fund | ** | 9,641 |
| | MFS Mid Cap Growth R6 26,780 shares | Mutual Fund | ** | 841,418 |
| | PGIM Total Return Bond R6 59,719 shares | Mutual Fund | ** | 707,071 |
| | Pimco CommoditiesPLUS Strategy Instl 1,410 shares | Mutual Fund | ** | 9,360 |

See accompanying independent auditors' report.

DMB SPORTS CLUBS LIMITED PARTNERSHIP EMPLOYEE SAVINGS TRUST
EIN# 86-0661323 PLAN NUMBER: 001
SCHEDULE H, LINE 4i (Continued)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|-----|---|-------------------------------|----------|-------------------|
| * | Schwab Government Money Market 220,751 shares | Mutual Fund | ** | \$ 220,751 |
| | T. Rowe Price Spectrum Conservative I 837 shares | Mutual Fund | ** | 16,406 |
| | T. Rowe Price Spectrum Growth I 927 shares | Mutual Fund | ** | 36,007 |
| | Vanguard Equity Income Admiral 36,964 shares | Mutual Fund | ** | 3,259,095 |
| | Vanguard FTSE All-World ex-US Admiral 2,992 shares | Mutual Fund | ** | 106,739 |
| | Vanguard Short-Term Federal Admiral 17,420 shares | Mutual Fund | ** | 176,817 |
| | Vanguard Target Retirement 2020 12,561 shares | Mutual Fund | ** | 332,620 |
| | Vanguard Target Retirement 2025 30,697 shares | Mutual Fund | ** | 573,725 |
| | Vanguard Target Retirement 2030 43,894 shares | Mutual Fund | ** | 1,662,723 |
| | Vanguard Target Retirement 2035 10,352 shares | Mutual Fund | ** | 248,235 |
| | Vanguard Target Retirement 2040 43,967 shares | Mutual Fund | ** | 1,900,246 |
| | Vanguard Target Retirement 2045 2,322 shares | Mutual Fund | ** | 68,890 |

See accompanying independent auditors' report.

DMB SPORTS CLUBS LIMITED PARTNERSHIP EMPLOYEE SAVINGS TRUST
 EIN# 86-0661323 PLAN NUMBER: 001
 SCHEDULE H, LINE 4i (Continued)
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value |
|-----|---|--|----------|-----------------------------|
| | Vanguard Target Retirement 2050 20,851 shares | Mutual Fund | ** | \$ 1,039,221 |
| | Vanguard Target Retirement 2055 1,587 shares | Mutual Fund | ** | 88,259 |
| | Vanguard Target Retirement 2060 1,264 shares | Mutual Fund | ** | 64,791 |
| | Vanguard Target Retirement 2065 1,378 shares | Mutual Fund | ** | 45,619 |
| | Vanguard Target Retirement Income 18,052 shares | Mutual Fund | ** | 236,483 |
| | Vanguard Total Bond Market Admiral 4,845 shares | Mutual Fund | ** | 45,934 |
| | Vanguard Total Stock Market Admiral 2,045 shares | Mutual Fund | ** | 288,432 |
| * | Participant loans | Loans maturing between 2025 and 2035 at interest rates varying from 4.25% to 9.50% | | <u>112,571</u> |
| | Total | | | <u><u>\$ 18,983,804</u></u> |

* Party-in-interest

** No cost information necessary as all investments are participant directed

See accompanying independent auditors' report.

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

| | |
|-----------------------|---|
| NAME OF PLAN SPONSOR: | DMB Sports Clubs Limited Partnership |
| NAME OF PLAN: | DMB Sports Clubs Limited Partnership Employee Savings Trust |
| EIN: | 86-0661323 |
| PLAN NUMBER: | 001 |

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|-----|---|---|----------|-------------------|
| * | PARTICIPANT LOANS | Loans (4.25% - 9.50%) | | 112,571 |
| * | SCHWAB GOVERNMENT MONEY INV | Money Market / Cash Equivalent | | 220,751 |
| | ALLSPRING SMALL CO VALUE INST | Registered Investment Company | | 38,274 |
| | ALLSPRING SPEC MID CAP VAL R6 | Registered Investment Company | | 5,901 |
| | AMERICAN FDS CAP WORLD BD R6 | Registered Investment Company | | 17,156 |
| | AMERICAN NEW PERSPECTIVE R6 | Registered Investment Company | | 2,447,076 |
| | BLACKROCK EMERGING MKTS K | Registered Investment Company | | 173,754 |
| | DELAWARE DIVERSIFIED INCOME I | Registered Investment Company | | 183,084 |
| | FIDELITY 500 INDEX | Registered Investment Company | | 3,512,235 |
| | GOLDMAN SACHS SMALL/MID CAP R6 | Registered Investment Company | | 515,271 |
| | INVESCO GLB REAL ESTATE INC R5 | Registered Investment Company | | 9,641 |
| | MFS MID CAP GROWTH FUND R6 | Registered Investment Company | | 841,418 |
| | PGIM TOTAL RETURN BOND R6 | Registered Investment Company | | 707,071 |
| | PIMCO COMM PLUS STRATEGY INSTL | Registered Investment Company | | 9,360 |
| | TROWE PRICE SPECS CNSRV ALLC I | Registered Investment Company | | 16,406 |
| | TROWE PRICE SPECS MOD GR ALL I | Registered Investment Company | | 36,007 |
| | VANGUARD EQUITY INCOME ADMIRAL | Registered Investment Company | | 3,259,095 |
| | VANGUARD SHORT TERM FED FD ADM | Registered Investment Company | | 176,817 |
| | VANGUARD TARGET RETIREMNT 2020 | Registered Investment Company | | 332,620 |
| | VANGUARD TARGET RETIREMNT 2025 | Registered Investment Company | | 573,725 |
| | VANGUARD TARGET RETIREMNT 2030 | Registered Investment Company | | 1,662,723 |
| | VANGUARD TARGET RETIREMNT 2035 | Registered Investment Company | | 248,235 |
| | VANGUARD TARGET RETIREMNT 2040 | Registered Investment Company | | 1,900,246 |
| | VANGUARD TARGET RETIREMNT 2045 | Registered Investment Company | | 68,890 |
| | VANGUARD TARGET RETIREMNT 2050 | Registered Investment Company | | 1,039,221 |
| | VANGUARD TARGET RETIREMNT 2055 | Registered Investment Company | | 88,259 |
| | VANGUARD TARGET RETIREMNT 2060 | Registered Investment Company | | 64,791 |
| | VANGUARD TARGET RETIREMNT 2065 | Registered Investment Company | | 45,618 |
| | VANGUARD TARGET RETMT INCOME | Registered Investment Company | | 236,483 |
| | VANGUARD TOT STK MKT IDX ADMRL | Registered Investment Company | | 288,432 |
| | VANGUARD TTL BOND MKT IDX ADM | Registered Investment Company | | 45,934 |
| | VGD FTSE ALL WRLD US INDX ADM | Registered Investment Company | | 106,739 |

* Party-in-interest