

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan CLUB RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 003
		1c Effective date of plan 09/01/1997
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) THE CLUB MANAGEMENT ASSOCIATION OF AMERICA 1733 KING STREET ALEXANDRIA, VA 22314	2b Employer Identification Number (EIN) 53-0235732
		2c Plan Sponsor's telephone number 703-739-9500
		2d Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	JASON JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 8626
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) 7409 6a(2) 7235 6b 96 6c 1331 6d 8662 6e 0 6f 8662 6g(1) 4692 6g(2) 5168 6h 130
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 2J 2K 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 CLUB RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLUB MANAGEMENT ASSOCIATION OF AMERICA	D Employer Identification Number (EIN) 53-0235732	

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

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE CO OF AMERICA
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	MEP	1697	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 510	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid MICHAEL SPECTOR MORGAN STANLEY SB 3280 PEACHTREE RD 19TH FL ATLANTA, GA 30305

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
230			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid THOMAS PATNODE NORTHWESTERN MUT IN 1400 CORPORATE CENTER CURVE EAGAN, MN 55121
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
154			3

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

GREGORY CAPTAIN NORTHWESTERN MUT IN

201 23RD AVE SW STE 200
ROCHESTER, MN 55902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
102			3

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

MORGAN STANLEY SMITH BARNEY LLC

3280 PEACHTREE RD 19TH FL
ATLANTA, GA 30305

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23			3

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

MICHAEL SPECTOR MORGAN STANLEY INS

1 NEW YORK PLZ 12TH FL
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			3

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	16330814
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5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
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6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
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c Premiums due but unpaid at the end of the year	6c	
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d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
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e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACTS**

b Balance at the end of the previous year	7b	12924544
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c Additions: (1) Contributions deposited during the year	7c(1)	3418297	
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	252665	
(4) Transferred from separate account	7c(4)	14309783	
(5) Other (specify below).....	7c(5)	186518	

▶ **FORFEITURES AND LOAN PAYMENTS**

(6) Total additions	7c(6)	18167263
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d Total of balance and additions (add lines 7b and 7c(6))	7d	31091807
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2074551	
(2) Administration charge made by carrier.....	7e(2)	91531	
(3) Transferred to separate account	7e(3)	12594911	
(4) Other (specify below).....	7e(4)		

▶

(5) Total deductions	7e(5)	14760993
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	16330814
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CLUB RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLUB MANAGEMENT ASSOCIATION OF AMERICA	D Employer Identification Number (EIN) 53-0235732	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

EMPOWER ANNUITY INSURANCE CO OF AM

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	537366	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EVERHART FINANCIAL GROUP INC.

5200 RINGS RD
DUBLIN, OH 43017

81-1449683

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORS	470065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGMENT	402139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DCSRETIRE, INC

220 COUNTY ROAD 310 WEST
SUITE 108 PMB #424
JACKSONVILLE, FL 32259

93-3925318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TPA ADMIN	232889	Yes ☒ No ☐	Yes ☐ No ☒	162992	Yes ☐ No ☒

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

HANCOCK ASKEW & CO. LLP

100 RIVERVIEW DRIVE
SAVANNAH, GA 31404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	46770	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHMERE CAPITAL MGT LLC

435 DEVON PARK DR STE 715
WAYNE, PA 19087-1946

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	23364	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EVERHART FINANCIAL GROUP INC

5200 RINGS RD
DUBLIN, OH 43017

(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?
99	OTHER	18420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOBART PRIVATE CAPITAL LLC

7733 BALLANTYNE COMMONS PARKWAY
STE 10
CHARLOTTE, NC 28277

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	17166	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LPL FINANCIAL, LLC

P.O. BOX 502533
SAN DIEGO, CA 92150-2533

95-2834236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	FINANCIAL ADVISOR	15048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MORGAN STANLEY SMITH BARNEY

1 NEW YORK PLZ 12TH FL
ANNUITY AND INSURANCE OPERATIONS
NEW YORJ, NY 10004

(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?
55	BROKER/ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	10814	Yes ☐ No ☒

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

DCSRETIRE INC

2220 COUNTY ROAD 210 WEST
SUITE 108 PMB #424
JACKSONVILLE, FL 32259

93-3925318

(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?
99	OTHER	1499	Yes ☒ No ☐	Yes ☐ No ☒	4157	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DCSRETIRE INC.	13	162992
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EMPOWER ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SNITH BARNEY LLC	55	10814
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EMPOWER ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NORTHWESTERN MUTUAL INVESTMENTS SVC	55	4921
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EMPOWER ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS	

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
DCSRETIRE INC.	99	4157

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EMPOWER ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER

(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:	HANCOCK ASKEW & CO., LLP	b EIN:	58-0662558
c Position:	AUDITOR		
d Address:	100 RIVERVIEW DRIVE SAVANNAH, GA 31404	e Telephone:	912-234-8243

Explanation: HANCOCK ASKEW & CO., LLP MERGED WITH BAKER TILLY US, LLP EFFECTIVE 05/01/2025

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 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 CLUB RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE CLUB MANAGEMENT ASSOCIATION OF AMERICA		D Employer Identification Number (EIN) 53-0235732
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: PUTNAM STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60916
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV SELECT MAT		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 38-7275349-785	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3691304
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST 2060 X		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT		
c EIN-PN 27-3616920-273	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 389702
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST 2035 X		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 26-0787945-261	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149617
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST 2055 X		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 26-0787670-272	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 444179
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST 2045 X		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 26-1208510-259	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 722061
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST 2040 X		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 26-1384398-260	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 296501
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST 2050 X

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

c EIN-PN 26-0787670-258	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1061167
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST 2030 X

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

c EIN-PN 26-0788040-262	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2501
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2065 X

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN 85-3582370-274	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158661
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAN RETIREMENT ADV SEL 2025 R

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

c EIN-PN 38-7275350-794	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4582872
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAN RETIREMENT ADV SELECT 2030 R

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

c EIN-PN 38-7275351-787	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8195849
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAN RETIREMENT ADV SELECT 2035 R

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

c EIN-PN 38-7275352-788	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8848365
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAN RETIREMENT ADV SELECT 2040 R

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

c EIN-PN 38-7289818-789	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10299822
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAN RETIREMENT ADV SELECT 2045 R

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

c EIN-PN 38-7289819-790	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9683976
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAN RETIREMENT ADV SELECT 2050 R

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

c EIN-PN 38-7289820-791	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7770794
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAN RETIREMENT ADV SELECT 2055 R

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

c EIN-PN 38-7289821-792	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5812472
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RET ADV SELECT 2060 R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 38-7289822-793	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2354473

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV SELECT 2065 R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 38-7289823-794	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 946619

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STB VAL INV CL 1		
b Name of sponsor of entity listed in (a): GOLDMAN SACHS CT OR SVF		
c EIN-PN 13-4166989-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 208860

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGG 2035 FUND CL R6		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 81-4393238-302	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7195

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGG 2055 FUND CL R6		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 81-4418048-304	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40337

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGG RETIRE FUND CL R6		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 81-4374798-300	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24288

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT CONS 2055 FUND CL R6		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 81-4543855-314	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74429

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT CONS RET FUND CL R6		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 81-4499160-310	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2065 FUND CLASS R6		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 38-7275306-775	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108024

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2035 FUND CL R6		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 81-4457845-307	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9555774

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2045 FUND CL R6**b** Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 81-4470950-308	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5984783
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2055 FUND CL R6**b** Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 81-4484368-309	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1687802
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD RETIRE FUND CL R6**b** Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 81-4430771-305	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2437405
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CLUB RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLUB MANAGEMENT ASSOCIATION OF AMERICA	D Employer Identification Number (EIN) 53-0235732	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(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)	2657098	2918119
(9) Value of interest in common/collective trusts	1c(9)	53041279	85600777
(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)	152092806	157878002
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	12924544	16330814
(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	220715727	262727712
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	269712	219283
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	269712	219283
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	220446015	262508429

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)	8010834	
(B) Participants.....	2a(1)(B)	16706786	
(C) Others (including rollovers).....	2a(1)(C)	3542238	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		28259858
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	234195	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		234195
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		29083020
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		57577073

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21405926	
(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)		21405926
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		120406
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1717637	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1717637
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23243969

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		34333104
l Transfers of assets:			
(1) To this plan	2l(1)		8025633
(2) From this plan	2l(2)		296323

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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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.)	☒	☐	627457
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BEACON HILL COUNTRY CLUB 401(K) PROFIT SHARING PLAN & TRUST	21-0606313	002

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan CLUB RETIREMENT PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLUB MANAGEMENT ASSOCIATION OF AMERICA				D Employer Identification Number (EIN) 53-0235732	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)..... b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>12 / 31 / 2018</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703912A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CLUB RETIREMENT PLAN	B Three-digit Plan number (PN)..... ►	003
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF THE CLUB MANAGEMENT ASSOCIATION OF AMERICA	D Administrator's EIN 53-0235732	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☒ other multiple-employer pension plan (Describe) MEP (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer CLUB MANAGERS ASSOC. OF AMERICA	2b EIN 53-0235732	2c Percentage of Total Contributions for the Plan Year 2.40	2d Aggregate Account Balances Attributable to Participating Employer 10824
2a Name of Participating Employer ALLEGHENY COUNTRY CLUB	2b EIN 25-0948419	2c Percentage of Total Contributions for the Plan Year 1.34	2d Aggregate Account Balances Attributable to Participating Employer 3016

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☐ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMELIA ISLAND EQUITY CLUB INC.	27-2967414	8.91	20978
ANSLEY GOLF CLUB	58-0141965	2.84	6124
ANTHEM COUNTRY CLUB	86-0919605	2.75	12932
BALLANTYNE COUNTRY CLUB	56-1957237	0.91	4850
BAY COLONY GOLF CLUB	65-0473088	2.08	10030
BEACON HILL COUNTRY CLUB	21-0606313	0.00	0
BELLE MEADE COUNTRY CLUB	62-0128180	2.71	2904
BERNARDO HEIGHTS COUNTRY CLUB	33-0178712	0.00	0
BOBBY JONES LINKS	26-3671531	2.76	4207

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BURLINGAME COUNTRY CLUB	20-0199839	0.32	5333
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHARLOTTE COUNTRY CLUB, INC.	56-0173700	3.83	6019
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLEAR CREEK DEVELOPMENT LLC (BLESSINGS GOLF CLUB)	40-0002243	0.64	5851
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CROWN COLONY GOLF & COUNTRY CLUB	27-2810885	0.61	3651
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLLETON RIVER COUNTRY CLUB	58-1907707	3.44	9683
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DETROIT ATHLETIC CLUB	38-0477160	7.25	3592
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE DESERT HIGHLAND ASSOCIATION	86-0482550	4.51	4008
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DESERT MOUNTAIN CLUB	27-3966137	14.34	7449
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIDDLESTICKS COUNTRY CLUB, INC.	59-2135027	1.59	5186

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIREROCK GOLF AND COUNTRY CLUB, LLC	46-2884958	0.96	5531
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOREST HIGHLANDS CLUB	86-0605435	2.13	6449
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORSYTH COUNTRY CLUB	56-0226706	1.80	5138
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORT COLLINS COUNTRY CLUB	84-0486235	0.87	6516
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GASTON COUNTRY CLUB, INC.	56-0232825	0.80	5395
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREEN ISLAND COUNTRY CLUB	58-1608567	0.88	2546
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOUND EARS COUNTRY CLUB	01-0562808	1.34	6047
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOUSTON RACQUET CLUB	74-1659905	2.29	5446
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOUSTON COUNTRY CLUB	74-0693540	5.26	4914

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JONATHAN'S COUNTRY CLUB	59-2580014	2.84	5482
KINGS CREEK COUNTRY CLUB, INC.	51-0318526	1.02	5560
LAKEWOOD COUNTRY CLUB	53-0245497	1.15	8637
LEISURE WORLD COMMUNITY ASSOCIATION	23-7307812	2.03	4835
LEGENDS GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC.	56-2461192	0.90	5357
LOXAHATCHEE CLUB/HOA	59-2784038	1.84	4845
MARINER SANDS COUNTRY CLUB	59-2147192	1.94	5031
MEDITERRA COMMUNITY ASSOCIATION	65-0993064	0.81	5127
MESA COUNTRY CLUB	86-0090134	0.34	2834

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MISSOURI ATHLETIC CLUB	43-0414350	4.18	2515
MIZNER COUNTRY CLUB	23-2970622	0.00	0
MOUNT KISCO COUNTRY CLUB	13-1722105	0.26	3747
MOUNTAIN LAKE COUNTRY CLUB	59-0369790	1.20	5178
MONEY HILL COUNTRY CLUB	72-1030414	0.21	2418
NEWPORT HARBOR YACHT CLUB	95-1049160	1.17	6102
OLD TOWN CLUB	56-0344185	0.79	4225
PIEDMONT DRIVING CLUB	58-0385670	4.59	4190
PINE VALLEY GOLF CLUB	21-0537130	2.63	4304

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PINEHURST COUNTRY CLUB	84-0488011	2.96	13020
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PORTERS NECK COUNTRY CLUB	56-1750141	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QUAIL WEST FOUNDATION, INC.	65-0302020	4.36	9103
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROCHESTER GOLF & COUNTRY CLUB	41-0506970	0.78	3156
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAILFISH POINT PROPERTY OWNER'S AND COUNTRY CLUB ASSOC. INC.	59-2038799	3.46	7086
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAUCON VALLEY COUNTRY CLUB	24-0712660	3.58	3389
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAN JOSE COUNTRY CLUB	59-0587258	1.23	4527
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAN LUIS OBISPO GOLF & COUNTRY CLUB	46-3016465	2.17	8295
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPANISH HILLS COUNTRY CLUB	36-4561929	0.25	1878

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ST. ANDREWS CLUB, INC.	59-1482400	0.58	3189
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TAMPA YACHT AND COUNTRY CLUB INC.	59-0476030	1.07	4628
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE CLUB AT MEDITERRA	35-2367578	3.53	8715
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE MOORINGSYACHT & COUNTRY CLUB	59-2237861	1.89	5981
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE TREE FARM GOLF CLUB	86-1605345	0.60	6793
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAYNESBOROUGH COUNTRY CLUB, INC.	23-1654867	1.69	6476
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILDERNESS CONDOMINIUM ASSOCIATION, INC.	59-1667305	1.39	7020
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE COUNTRY CLUB OF WINTER HAVEN	46-5012526	0.60	3900
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOODSTOCK COUNTRY CLUB	35-0768120	0.35	5885

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer WOLLASTON COUNTRY CLUB	2b EIN 04-1983120	2c Percentage of Total Contributions for the Plan Year 1.54	2d Aggregate Account Balances Attributable to Participating Employer 8208
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

Club Retirement Plan

Financial Statements and
Supplemental Schedules

December 31, 2024 and 2023

Club Retirement Plan

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Independent Auditors' Report

The Plan Administrator and Participants
Club Retirement Plan
Alexandria, Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements

We have performed an audit of the financial statements of the Club Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section:

- the amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the information in the accompanying 2024 financial statements related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared by and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

Responsibilities of Management for the 2024 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is 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 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matter - 2024 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, and Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are derived from the certified investment information, is presented, in all material respects, in conformity with the DOL'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 by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter – Auditors’ Report on the 2023 Financial Statements

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report, dated October 14, 2024, indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 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).

Baker Tilly US, LLP

Peachtree Corners, Georgia
October 13, 2025

Club Retirement Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
ASSETS		
Investments		
Investments, at fair value	\$ 243,478,779	\$ 205,134,085
Investments, at contract value	<u>16,330,814</u>	<u>12,924,544</u>
Total investments	259,809,593	218,058,629
Receivables		
Participant contributions receivable	47,563	112,611
Employer contributions receivable	1,275,237	1,569,241
Notes receivable from participants	<u>2,918,119</u>	<u>2,657,098</u>
Total assets	264,050,512	222,397,579
LIABILITIES		
Excess contributions payable	<u>219,283</u>	<u>269,712</u>
Total liabilities	<u>219,283</u>	<u>269,712</u>
Net assets available for benefits	<u><u>\$ 263,831,229</u></u>	<u><u>\$ 222,127,867</u></u>

See accompanying notes to the financial statements.

Club Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31,

2024

ADDITIONS TO NET ASSETS

Contributions

Participant	\$	16,641,738
Employer		7,716,830
Rollovers		3,542,238

Total contributions 27,900,806

Investment income

Interest income	252,665
Net appreciation in fair value of investments	28,830,355

Total investment income 29,083,020

Interest income on notes receivable from participants 234,195

Total additions 57,218,021

DEDUCTIONS FROM NET ASSETS

Benefits paid directly to participants	21,526,332
Administrative expenses	1,717,637

Total deductions 23,243,969

Net increase in net assets available for benefits 33,974,052

Transfers in (Note 1) 8,025,633

Transfers out (Note 1) (296,323)

Net assets available for benefits, beginning of year 222,127,867

Net assets available for benefits, end of year \$ 263,831,229

See accompanying notes to the financial statements.

Club Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The following brief description of the Club Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined contribution plan and is sponsored by The Club Management Association of America (the Company and Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan, adopted by the Company effective September 1, 1997, was amended and restated effective January 1, 2021.

The Plan qualifies as a multiple employer plan as described in Section 413(c) of the Internal Revenue Code (IRC). The Plan allows any affiliated or unaffiliated employer, as defined in the Plan document, to participate in the Plan (Participating Employers or Employers) if it accepts the terms of the Plan, trust, adoption agreement, and all related documents. Participating Employers may have discretion to apply certain Plan provisions as written.

SLOGCC, Affiniti Golf Partners, LLC and Mizner Country Club, Inc. became Participating Employers during 2024 and transferred assets from prior plans into the Plan during the year. Additionally, Ansley Golf Club, Inc., which became a Participating Employer during 2023, had residual transfers in during 2024. The following amounts were transferred in during 2024:

Participating Employer	Amount
SLOGCC	\$ 3,041,620
Affiniti Golf Partners, LLC	2,131,229
Mizner Country Club, Inc.	2,687,447
Ansley Golf Club, Inc.	165,337
	<u>\$ 8,025,633</u>

Beacon Hill Country Club, Inc. ceased their participation in the Plan during 2024, and accordingly \$296,323 transferred out during the year.

Participating Employers at December 31, 2024 include: Affiniti Golf Partners, LLC (dba Bobby Jones Links), Allegheny Country Club, The Amelia Island Club, Ballantyne Country Club, Bay Colony Golf Club, Inc., Belle Meade Country Club, Bernardo Heights Country Club, Blessings Golf Club, Burlingame Country Club, Inc., Charlotte Country Club, Inc., Crown Colony Golf & Country Club, Club at Mediterra, Club Managers Association of America, Colleton River Plantation Club, Inc., Desert Mountain Club, Inc., Detroit Athletic Club, Fiddlesticks Country Club, Inc., FireRock Golf & Country Club, LLC, Forest Highlands Golf Club, Forsyth Country Club, Fort Collins Country Club, Gaston Country Club, Inc., Green Island Club, HE Club, Inc., Houston Country Club, Houston Racquet Club, Jonathan's Landing Golf Club, Inc., Lakewood Country Club, Legends Golf and Country Club Master Association, Inc., The Loxahatchee Club Homeowners Association, Inc., The Loxahatchee Club, Inc., Mariner Sands Country Club, Inc., Mediterra Community Association, Inc., Mesa Country Club, Missouri Athletic Club, Mizner Country Club, Inc., Mount Kisco Country Club, Mountain Lake Corporation, Newport Harbor Yacht Club, Old Town Club, Pine Valley Golf Club, Pinehurst Country Club, Quail West Foundation, Inc., Rochester Golf & Country Club, Sailfish Point Property Owners' and Country Club Association, Inc., San Jose Country Club, Saucon Valley Country Club, SLOGCC, The Camaraderie Clubs Management, LLC dba Spanish Hills Country Club, The Country Club of Winter Haven, St. Andrews Club, Inc., Tampa Yacht & Country Club, Inc., The Moorings Club, Inc., Wilderness Condominium Association, Inc., Piedmont Driving Club, Waynesborough Country Club, Inc., Woodstock Country Club, Ansley Golf Club, Inc., Leisure World Community Association, The Tree Farm Golf Club, Money Hill Country Club, The Desert Highlands Association, Anthem Country Club, Kings Creek Country Club, and Wollaston Golf Club.

Notes to Financial Statements

1. Description of the Plan (cont.)

General (cont.)

Each Participating Employer may have different eligibility requirements within the Plan. Generally, certain employees who have reached the age of 18 or 21 and have completed between 60 days and one year of service, are eligible to participate in the Plan. Time of service is defined as the period commencing on the date the employee first performs an hour of service for the Participating Employer. A Participant's entry date is either the date all eligibility requirements are met, the first day of a month, the first day of a Plan quarter, or the Participant's Plan entry semi-anniversary. Hours of service are credited based on actual hours for which an employee is paid or entitled to payments. Participants should refer to the summary plan description for more complete information. Depending on the Participating Employer, long-term part-time employees who met eligibility requirements under SECURE Act are also eligible to participate in the Plan.

Contributions

Each year, Participants may contribute up to the lesser of 100% of their compensation or the dollar limitation set forth in Section 402(g) of the IRC in effect at the beginning of the Plan year. Contributions may be on a pre-tax basis, an after-tax basis (Roth deferral contributions), or a combination of the two. Eligible employees who have attained age 50 before the close of the Plan year can make catch-up contributions, up to the maximum allowed by the IRC, if permitted by the Participating Employer's Multiple Employer Participation Agreement (PPA). Contributions are subject to certain limitations. If elected by the Participating Employer, all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled Participants have their deferral rate set as described in the Participating Employer's PPA.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. A current description of the investment funds may be obtained from the Plan administrator.

The Participating Employers may make a matching contribution (Employer matching contribution) that may be safe harbor or may be discretionary and varies depending on the specific Participating Employer. The Employer matching contribution is generally on a pay-period basis and based on the employee's deferral up to a varying limited percentage of compensation. In addition, some Employers may make a discretionary non-matching contribution (Employer profit-sharing contribution), which is determined annually by each Participating Employer's governing body and is allocated to each Participant's account based on the Participant's eligible compensation.

Participant Accounts

Each Participant's account is credited with the Participant's contributions, allocations of any Employer matching contributions and any Employer profit-sharing contributions, and his/her share of the Plan's income (loss). Allocations are based on Participant compensation, deferrals, or account balances, as defined. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account balance.

Notes Receivable from Participants

As elected by the Participating Employers, Participants may borrow, from their fund accounts, a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. A Participant may have only one outstanding loan at any given time. Note receivable transactions are treated as a transfer between the investment fund(s) and the Participant note receivable fund. The notes receivable from Participants are secured by the balance in the Participant's account and bear a reasonable rate of interest as defined by the Plan. Interest rates on all outstanding loans range from 4.25% to 10.50%.

Notes to Financial Statements

1. Description of the Plan (cont.)

Notes Receivable from Participants (cont.)

Principal and interest payments occur ratably through regular payroll deductions over a period not to exceed five years, unless the notes receivable were used to purchase a primary residence, in which case the notes receivable terms may exceed five years.

Payment of Benefits

A Participant's contributions and vested Employer contributions may be withdrawn upon retirement on or after the attainment of normal retirement age of 65, termination of employment, disability, or death. Upon retirement, disability, death, or termination of employment, the total vested value of a Participant's account that exceeds \$1,000 is distributed to the Participant or his or her beneficiary, as applicable, in a lump sum of cash. If the account is greater than \$1,000 but less than or equal to \$7,000, any distribution that is made without the Participant's consent will be rolled over to an individual retirement plan designated by the Plan Administrator. Participants must have distributions paid in a lump-sum payment, payments over a period of time, or in partial withdrawals. Under certain qualifying circumstances, hardship withdrawals are permitted under the Plan. In-service distributions are allowed for Participants who have reached the age 59½.

Vesting

Participants are always 100% vested in the value of their salary deferral, safe harbor matching contributions, rollover contributions, and related investment earnings. Any discretionary employer contributions vest based on schedules that vary by Participating Employer.

Participants must be credited with a minimum of 1,000 hours of service during the Plan year to complete a year of vesting service. A Participant will become fully vested in Employer contributions, regardless of length of service, in the event of death or disability.

Forfeitures

Amounts forfeited by Participants who terminate from the Plan prior to being 100% vested will be used to pay administrative expenses or to reduce subsequent Employer matching contributions to the Plan. For the year ended December 31, 2024, Plan expenses and Employer matching contributions were reduced by \$113,299 from forfeited non-vested accounts. The total forfeited balance available at December 31, 2024 and 2023, was \$333,202 and \$291,469, respectively.

Plan Expenses

Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan document. Certain other administrative expenses of the Plan are paid by the Company. Investment fees are paid by the Plan in the form of reductions of net investment income earned by Plan Participants.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan were prepared using the accrual basis of accounting. The Plan follows accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets accounting principles generally accepted in the United States of America (GAAP).

2. Summary of Significant Accounting Policies (cont.)

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income (Loss) Recognition

The investments of the Plan are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Contract value is the relevant measurement for that portion of the net assets available for benefits because contract value is the amount Participants normally would receive if they initiated permitted transactions under the Plan.

The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market Participants at the measurement date (the exit price). The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisor, custodian, and insurance company.

Purchases and sales are recorded on a trade-date basis. Investment income (loss) is recorded on the accrual basis. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from Plan Participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable

Notes receivable from Participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a Participant ceases to make loan repayments and the Plan administrator deems the Participant loan to be in default, the Participant loan balance is reduced, and a benefit payment is recorded.

Benefit Payments

Benefit payments to Participants are recorded upon distribution.

Excess Contributions Payable

Amounts payable to Participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2024 and 2023 excess contributions to the applicable Participants prior to March 15, 2025 and 2024, respectively.

3. Certified Information

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Empower Annuity Insurance Company of America and Empower Trust Company, LLC (collectively, Empower), has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

4. Fair Value Measurement

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs in which little or no market data exists (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below.

Basis of Fair Value Measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

Common Collective Trust Funds - Valued at the net asset value using NAV as the practical expedient based on the last reported sales price of the underlying investments held. The Plan's interest in the collective trust fund is based on information reported by the trustee using the audited financial statements of the collective trust funds at year-end. The investment income (loss) is allocated to Participants based on their proportionate share of the net assets of the funds.

The methodologies described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methodology is appropriate and consistent with other market Participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Club Retirement Plan

Notes to Financial Statements

4. Fair Value Measurement (cont.)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

<i>December 31, 2024</i>	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 157,878,002	\$ -	\$ -	\$ 157,878,002
	<u>\$ 157,878,002</u>	<u>\$ -</u>	<u>\$ -</u>	<u>157,878,002</u>
Common collective trusts measured at NAV*				<u>85,600,777</u>
Total investments at fair value			\$	<u>243,478,779</u>

<i>December 31, 2023</i>	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 152,092,806	\$ -	\$ -	\$ 152,092,806
	<u>\$ 152,092,806</u>	<u>\$ -</u>	<u>\$ -</u>	<u>152,092,806</u>
Common collective trusts measured at NAV*				<u>53,041,279</u>
Total investments at fair value			\$	<u>205,134,085</u>

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value to the amounts presented in the statements of net assets available for benefits.

Fair value of investments in certain entities that calculate NAV per share (or its equivalent) follows:

Investment	Fair Value December 31, 2024	Fair Value December 31, 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts	\$ 85,600,777	\$ 53,041,279	None	Daily	None

5. Fixed Annuity Contracts

The guaranteed interest fund and the fixed account are fully benefit-responsive guaranteed investment contract with Empower Investments and Empower Annuity Insurance Company of America (Empower Annuity), respectively. Empower Investments and Empower Annuity maintain the contributions in general accounts. The accounts are credited with earnings (losses) on the underlying investments and charged for Participant withdrawals and administrative expenses. Empower Investments and Empower Annuity are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed interest fund and the fixed account are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contracts. Contract value, as reported to the Plan by Empower Investments and Empower Annuity, represents contributions made under the contract, plus earnings (losses), less Participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

5. Fixed Annuity Contracts (cont.)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest is based on a formula agreed upon with the issuer but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provision, (3) bankruptcy of the Company or other Plan Sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include a) an uncured breach of the Plan's investment guidelines, b) a material amendment to the contract without the issuer's consent, c) a violation of a material obligation under the contract, or d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Participants are probable of occurring.

6. Tax Status

The Plan has adopted a Non-Standardized Pre-Approved Profit Sharing Plan with CODA (Pre-Approved Plan) sponsored by CCH Incorporated dba FT William (FT William). The Internal Revenue Service (IRS) has opined and informed FT William by a letter dated June 30, 2020, stating that the form of the Pre-Approved Plan document was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since adopting the Pre-Approved Plan document, the Plan administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax-exempt.

GAAP requires Plan management to evaluate the tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

7. Party-In-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Company, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses are paid directly by the Company. Certain investments are managed by Empower Annuity, Empower Investments, Putnam Investments and Great Gray. Putnam Investments and Great Gray are related parties to Great-West LifeCo., the parent company of Empower Investments. These transactions, as defined by the Plan, qualify as party-in-interest transactions. Notes receivable from Participants are also defined by ERISA as party-in-interest transactions. Such transactions are exempt from the prohibited transaction rules.

8. Plan Termination

At any time under the Plan and subject to the provisions of ERISA, the Plan Sponsor or Participating Employers have the right to discontinue their contributions, the Participating Employers may withdraw from participation under the Plan, and the Plan Sponsor has the right to terminate the Plan. Although the Plan Sponsor and Participating Employers have not expressed an intention to do so, in the event that such actions are taken, Participants would become or 100% vested in their account balances.

Club Retirement Plan

Notes to Financial Statements

9. Risks and Uncertainties

The Plan's investments include funds which invest in various types of investment securities and in various companies within various markets. Investment securities are exposed to several risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and those changes could materially affect the amounts reported in the Plan's statements of net assets available for benefits.

10. SECURE 2.0 ACT of 2022

The Secure 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2024, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 Act of 2022 did not have a material effect on the Plan's financial statements.

11. Delinquent Participant Contributions

During 2024 and 2023, employee withholdings of \$304,550 and \$310,143, respectively, were not remitted within the appropriate time period by certain Employers. These Employers remitted delinquent 2023 contributions of \$310,143 during 2023, 2024, and 2025 (\$262,492 during 2023, \$46,419 during 2024, and \$1,232 during 2025), and 2024 contributions of \$304,550 during 2024 and 2025 (\$293,875 during 2024 and \$10,675 during 2025). The Company plans to remit lost earnings for the 2024 delinquent contributions during 2025. The Company remitted lost earnings for \$33,480 of the 2023 delinquent contributions during 2024, and plans to remit the lost earnings for \$14,171 of the 2023 delinquent contributions during 2025. The Company remitted lost earnings for \$11,698 of the 2022 delinquent contributions during 2024, and plans to remit the lost earnings for \$1,066 of the 2022 delinquent contributions during 2025. These transactions constituted prohibited transactions as defined by ERISA.

12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of Net Assets Available for Benefits per the financial statements to the Form 5500:

<i>December 31,</i>	2024	2023
Net Assets Available for Benefits per financial statements	\$ 263,831,229	\$ 222,127,867
Less: Participant contributions receivable	(47,563)	(112,611)
Less: employer contributions receivable	(1,275,237)	(1,569,241)
Net assets available for benefits per Form 5500	\$ 262,508,429	220,446,015

The following is a reconciliation of net increase in Net Assets Available for Benefits per the financial statements to net income per Form 5500 for the year ended December 31, 2024:

<i>December 31,</i>	2024
Net increase in Net Assets Available for Benefits	\$ 33,974,052
Change in Participant contributions receivable, net	65,048
Change in employer contributions receivable, net	294,004
Net income per Form 5500	\$ 34,333,104

13. Subsequent Events

Management has evaluated, for consideration of recognition or disclosure, subsequent events that have occurred through October 13, 2025, which is the date the financial statements were available to be issued, and has determined that, except for the matters noted below, no significant events occurred after December 31, 2024, but prior to the issuance of these financial statements, that would have a material impact on its financial statements.

Subsequent to December 31, 2024 through October 13, 2025, there were five new Participating Employers that adopted the Plan resulting in \$11,932,086 of assets transferring to the Plan. We also noted one Participating Employer that spun out of the Plan resulting in \$507,565 of assets transferring out of the Plan.

SUPPLEMENTAL SCHEDULES

Club Retirement Plan

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

EIN: 53-0235732

Plan # 003

Year ended December 31, 2024

Plan Year	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PIE 2002- 51
	☒ Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2022	\$ 12,764	\$ 1,066	\$ 11,698	\$ -	\$ -
2023	310,143	14,171	295,972	-	-
2024	304,550	304,550	-	-	-
Total	\$ 627,457	\$ 319,787	\$ 307,670	\$ -	\$ -

During 2024 and 2023, employee withholdings of \$304,550 and \$310,143, respectively, were not remitted within the appropriate time period by certain Employers. These Employers remitted delinquent 2023 contributions of \$310,143 during 2023, 2024, and 2025 (\$262,492 during 2023, \$46,419 during 2024, and \$1,232 during 2025), and 2024 contributions of \$304,550 during 2024 and 2025 (\$293,875 during 2024 and \$10,675 during 2025). The Company plans to remit lost earnings for the 2024 delinquent contributions during 2025. The Company remitted lost earnings for \$33,480 of the 2023 delinquent contributions during 2024, and plans to remit the lost earnings for \$14,171 of the 2023 delinquent contributions during 2025. The Company remitted lost earnings for \$11,698 of the 2022 delinquent contributions during 2024, and plans to remit the lost earnings for \$1,066 of the 2022 delinquent contributions during 2025. These transactions constituted prohibited transactions as defined by ERISA.

Club Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 53-0235732
Plan # 003

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed annuity contracts				
*	Empower Annuity Insurance Co of America	EI Fixed Account - Series Class III	**	\$ 16,330,814
Mutual funds				
	Alliance Bernstein Cap Fund	AB Small Cap Growth Z	**	1,143,403
	Allspring Global	Allspring Special Mid Cap Value R6	**	1,154,531
	American Funds	American Century Real Estate R6	**	2,763,008
	American Funds	American Funds New World R6	**	3,375,984
	Blackrock Financial Management	Blackrock Mid-Cap Growth Equity K	**	78,358
	Blackrock Financial Management	Blackrock 20/80 Target Allocation K	**	10,349,910
*	Empower Investments	Empower US Govt Securities Fund Inst	**	2,699,263
	Fidelity Investments	Fidelity 500 Index	**	36,331,340
	Fidelity Investments	Fidelity Global Ex Us Index	**	14,844,732
	Fidelity Investments	Fidelity Mid Cap Index	**	9,174,257
	Fidelity Investments	Fidelity Small Cap Index	**	6,738,259
	Fidelity Investments	Fidelity Us Bond Index	**	15,364,105
	Aim International Mutual Funds	Invesco International Small-Mid CompY R6	**	245,690
	Janus Investment Fund	Janus Henderson Balanced N	**	6,343,078
	Janus Investment Fund	Janus Henderson Global Tech Innovation N	**	3,872,879
	JPMorgan Chase Bank	JPMorgan Emerging Markets Equity R6	**	29,492
	JPMorgan Chase Bank	JPMorgan Equity Income R6	**	5,503,441
	JPMorgan Chase Bank	JPMorgan Global Bond Opportunities R6	**	6,551,408
	JPMorgan Chase Bank	JPMorgan Large cap Growth R6	**	7,502,884
	JPMorgan Chase Bank	JPMorgan Mid Cap Growth R6	**	3,500,651
	Loomis Sayles Funds II	Loomis Sayles Limited Govt And Agency N	**	409,595
	Lord Abbett Investment Trust	Lord Abbett Short Duration Income R6	**	2,072,927
	MFS Series Trust	MFS Aggressive Growth Allocation R4	**	871,260
	MFS Series Trust	MFS Conservative Allocation R4	**	670,029
	MFS Series Trust	MFS Growth Allocation R4	**	3,241,457
	MFS Series Trust	MFS International Growth R6	**	4,928,982
	MFS Series Trust	MFS New Discovery Value R6	**	2,956,702
	Reliance	Reliance Metlife Series 25053 CL 0	**	183,968
	T. Rowe Price	T. Rowe Price Global Stock I	**	3,273,888
	T. Rowe Price	T. Rowe Price Health Sciences	**	141,883
	T. Rowe Price	T. Rowe Price Health Sciences I	**	1,560,638
				157,878,002
Common collective trust funds				
*	Great Gray	Putnam Retirement Adv Select 2025 R	**	4,582,872
*	Great Gray	Putnam Retirement Adv Select 2030 R	**	8,195,849
*	Great Gray	Putnam Retirement Adv Select 2035 R	**	8,848,365

Club Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) (cont.)
EIN: 53-0235732
Plan # 003

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common collective trust funds (cont.)				
*	Great Gray	Putnam Retirement Adv Select 2040 R	**	10,299,822
*	Great Gray	Putnam Retirement Adv Select 2045 R	**	9,683,976
*	Great Gray	Putnam Retirement Adv Select 2050 R	**	7,770,794
*	Great Gray	Putnam Retirement Adv Select 2055 R	**	5,812,472
*	Great Gray	Putnam Retirement Adv Select 2060 R	**	2,354,473
*	Great Gray	Putnam Retirement Adv Select 2065 R	**	946,619
*	Great Gray	Putnam Retirement Adv Select Maturity R	**	3,691,304
*	Great Gray	Putnam Retirement Advantage Trst 2030 X	**	2,501
*	Great Gray	Putnam Retirement Advantage Trst 2035 X	**	149,617
*	Great Gray	Putnam Retirement Advantage Trst 2040 X	**	296,501
*	Great Gray	Putnam Retirement Advantage Trst 2045 X	**	722,061
*	Great Gray	Putnam Retirement Advantage Trst 2050 X	**	1,061,167
*	Great Gray	Putnam Retirement Advantage Trst 2055 X	**	444,179
*	Putnam Investments	Putnam Retirement Advantage Trst 2060 X	**	389,702
*	Putnam Investments	Putnam Retirement Advantage Trst 2065 X	**	158,661
*	Putnam Investments	Putnam Stable Value Fund	**	60,916
*	Great Gray	Indexselect Aggressive 2035 Fund CL R6	**	7,195
*	Great Gray	Indexselect Aggressive 2055 Fund CL R6	**	40,337
*	Great Gray	Indexselect Aggressive Retire Fund CL R6	**	24,288
*	Great Gray	Indexselect Conservative 2055 Fund CL R6	**	74,429
*	Great Gray	Indexselect Conservative Ret Fund CL R6	**	31
*	Great Gray	Indexselect Mod 2065 Fund Class R6	**	108,024
*	Great Gray	Indexselect Moderate 2035 Fund CL R6	**	9,555,774
*	Great Gray	Indexselect Moderate 2045 Fund CL R6	**	5,984,783
*	Great Gray	Indexselect Moderate 2055 Fund CL R6	**	1,687,802
*	Great Gray	Indexselect Moderate Retire Fund CL R6	**	2,437,405
	Goldman Sachs Investment	Goldman Sachs Stable Value Inv CL 1	**	208,858
				85,600,777
Notes receivable				
		Notes receivable with variable maturities and interest rates ranging from 4.25% - 10.50% on all outstanding notes.		
*	Participants		-	2,918,119
Total				<u><u>\$ 262,727,712</u></u>

* Party-in-interest, as defined by ERISA.

**The cost of participant-directed accounts is not required to be disclosed.

Club Retirement Plan

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

EIN: 53-0235732

Plan # 003

Year ended December 31, 2024

Plan Year	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PIE 2002- 51
	☒ Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2022	\$ 12,764	\$ 1,066	\$ 11,698	\$ -	\$ -
2023	310,143	14,171	295,972	-	-
2024	304,550	304,550	-	-	-
Total	\$ 627,457	\$ 319,787	\$ 307,670	\$ -	\$ -

During 2024 and 2023, employee withholdings of \$304,550 and \$310,143, respectively, were not remitted within the appropriate time period by certain Employers. These Employers remitted delinquent 2023 contributions of \$310,143 during 2023, 2024, and 2025 (\$262,492 during 2023, \$46,419 during 2024, and \$1,232 during 2025), and 2024 contributions of \$304,550 during 2024 and 2025 (\$293,875 during 2024 and \$10,675 during 2025). The Company plans to remit lost earnings for the 2024 delinquent contributions during 2025. The Company remitted lost earnings for \$33,480 of the 2023 delinquent contributions during 2024, and plans to remit the lost earnings for \$14,171 of the 2023 delinquent contributions during 2025. The Company remitted lost earnings for \$11,698 of the 2022 delinquent contributions during 2024, and plans to remit the lost earnings for \$1,066 of the 2022 delinquent contributions during 2025. These transactions constituted prohibited transactions as defined by ERISA.

Club Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 53-0235732
Plan # 003

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed annuity contracts				
*	Empower Annuity Insurance Co of America	EI Fixed Account - Series Class III	**	\$ 16,330,814
Mutual funds				
	Alliance Bernstein Cap Fund	AB Small Cap Growth Z	**	1,143,403
	Allspring Global	Allspring Special Mid Cap Value R6	**	1,154,531
	American Funds	American Century Real Estate R6	**	2,763,008
	American Funds	American Funds New World R6	**	3,375,984
	Blackrock Financial Management	Blackrock Mid-Cap Growth Equity K	**	78,358
	Blackrock Financial Management	Blackrock 20/80 Target Allocation K	**	10,349,910
*	Empower Investments	Empower US Govt Securities Fund Inst	**	2,699,263
	Fidelity Investments	Fidelity 500 Index	**	36,331,340
	Fidelity Investments	Fidelity Global Ex Us Index	**	14,844,732
	Fidelity Investments	Fidelity Mid Cap Index	**	9,174,257
	Fidelity Investments	Fidelity Small Cap Index	**	6,738,259
	Fidelity Investments	Fidelity Us Bond Index	**	15,364,105
	Aim International Mutual Funds	Invesco International Small-Mid CompY R6	**	245,690
	Janus Investment Fund	Janus Henderson Balanced N	**	6,343,078
	Janus Investment Fund	Janus Henderson Global Tech Innovation N	**	3,872,879
	JPMorgan Chase Bank	JPMorgan Emerging Markets Equity R6	**	29,492
	JPMorgan Chase Bank	JPMorgan Equity Income R6	**	5,503,441
	JPMorgan Chase Bank	JPMorgan Global Bond Opportunities R6	**	6,551,408
	JPMorgan Chase Bank	JPMorgan Large cap Growth R6	**	7,502,884
	JPMorgan Chase Bank	JPMorgan Mid Cap Growth R6	**	3,500,651
	Loomis Sayles Funds II	Loomis Sayles Limited Govt And Agency N	**	409,595
	Lord Abbett Investment Trust	Lord Abbett Short Duration Income R6	**	2,072,927
	MFS Series Trust	MFS Aggressive Growth Allocation R4	**	871,260
	MFS Series Trust	MFS Conservative Allocation R4	**	670,029
	MFS Series Trust	MFS Growth Allocation R4	**	3,241,457
	MFS Series Trust	MFS International Growth R6	**	4,928,982
	MFS Series Trust	MFS New Discovery Value R6	**	2,956,702
	Reliance	Reliance Metlife Series 25053 CL 0	**	183,968
	T. Rowe Price	T. Rowe Price Global Stock I	**	3,273,888
	T. Rowe Price	T. Rowe Price Health Sciences	**	141,883
	T. Rowe Price	T. Rowe Price Health Sciences I	**	1,560,638
				157,878,002
Common collective trust funds				
*	Great Gray	Putnam Retirement Adv Select 2025 R	**	4,582,872
*	Great Gray	Putnam Retirement Adv Select 2030 R	**	8,195,849
*	Great Gray	Putnam Retirement Adv Select 2035 R	**	8,848,365

Club Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) (cont.)
EIN: 53-0235732
Plan # 003

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common collective trust funds (cont.)				
*	Great Gray	Putnam Retirement Adv Select 2040 R	**	10,299,822
*	Great Gray	Putnam Retirement Adv Select 2045 R	**	9,683,976
*	Great Gray	Putnam Retirement Adv Select 2050 R	**	7,770,794
*	Great Gray	Putnam Retirement Adv Select 2055 R	**	5,812,472
*	Great Gray	Putnam Retirement Adv Select 2060 R	**	2,354,473
*	Great Gray	Putnam Retirement Adv Select 2065 R	**	946,619
*	Great Gray	Putnam Retirement Adv Select Maturity R	**	3,691,304
*	Great Gray	Putnam Retirement Advantage Trst 2030 X	**	2,501
*	Great Gray	Putnam Retirement Advantage Trst 2035 X	**	149,617
*	Great Gray	Putnam Retirement Advantage Trst 2040 X	**	296,501
*	Great Gray	Putnam Retirement Advantage Trst 2045 X	**	722,061
*	Great Gray	Putnam Retirement Advantage Trst 2050 X	**	1,061,167
*	Great Gray	Putnam Retirement Advantage Trst 2055 X	**	444,179
*	Putnam Investments	Putnam Retirement Advantage Trst 2060 X	**	389,702
*	Putnam Investments	Putnam Retirement Advantage Trst 2065 X	**	158,661
*	Putnam Investments	Putnam Stable Value Fund	**	60,916
*	Great Gray	Indexselect Aggressive 2035 Fund CL R6	**	7,195
*	Great Gray	Indexselect Aggressive 2055 Fund CL R6	**	40,337
*	Great Gray	Indexselect Aggressive Reitre Fund CL R6	**	24,288
*	Great Gray	Indexselect Conservative 2055 Fund CL R6	**	74,429
*	Great Gray	Indexselect Conservative Ret Fund CL R6	**	31
*	Great Gray	Indexselect Mod 2065 Fund Class R6	**	108,024
*	Great Gray	Indexselect Moderate 2035 Fund CL R6	**	9,555,774
*	Great Gray	Indexselect Moderate 2045 Fund CL R6	**	5,984,783
*	Great Gray	Indexselect Moderate 2055 Fund CL R6	**	1,687,802
*	Great Gray	Indexselect Moderate Retire Fund CL R6	**	2,437,405
	Goldman Sachs Investment	Goldman Sachs Stable Value Inv CL 1	**	208,858
				85,600,777
Notes receivable				
		Notes receivable with variable maturities and interest rates ranging from 4.25% - 10.50% on all outstanding notes.		
*	Participants		-	2,918,119
Total				<u><u>\$ 262,727,712</u></u>

* Party-in-interest, as defined by ERISA.

**The cost of participant-directed accounts is not required to be disclosed.