

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: ADCELLERANT 401(K) PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2023
2a Plan sponsor's name (employer, if for a single-employer plan): ADCELLERANT, LLC
2b Employer Identification Number (EIN): 46-4181549
2c Plan Sponsor's telephone number: 303-222-2114
2d Business code (see instructions): 541800

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	202
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)	183
	6a(2)	191
	6b	0
	6c	24
	6d	215
	6e	0
	6f	215
	6g(1)	190
	6g(2)	215
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 2F 2G 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan ADCELLERANT 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ADCELLERANT, LLC	D Employer Identification Number (EIN) 46-4181549	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BOKF. N.A	PO BOX 2300 TULSA, OK 74101
46-4181549	

(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)

BOKF NA

PO BOX 2300
TULSA, OK 74101

46-4181549

(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?
15 25 59 63 19 37 60 64 21 52 62 68	TRUSTEE	6195	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ADCELLERANT 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ADCELLERANT, LLC	D Employer Identification Number (EIN) 46-4181549

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	54727	3
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	482	34500
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	82689	108257
(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)	76758	73428
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5217930	7727183
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5432586	7943371
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	54485	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	54485	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5378101	7943371

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)	517370	
(B) Participants.....	2a(1)(B)	1322881	
(C) Others (including rollovers).....	2a(1)(C)	229163	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2069414
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4773	
(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)	2412	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7185
(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)	115816	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		115816
(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)		797393
c Other income	2c		-855
d Total income. Add all income amounts in column (b) and enter total	2d		2988953

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	417488	
(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)		417488
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(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)	6195	
(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)		6195
j Total expenses. Add all expense amounts in column (b) and enter total	2j		423683

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2565270
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BROCK AND COMPANY CPAS P.C.**

(2) EIN: **84-0930288**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	X		67078
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

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

A Name of plan ADCELLERANT 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ADCELLERANT, LLC	D Employer Identification Number (EIN) 46-4181549	

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): 73-6210970

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703970A.



AdCellerant 401(k) Plan

Independent Auditor's Report and Financial Statements

December 31, 2024, December 31, 2023, and
January 1, 2023 (Plan Inception)

AdCellerant 401(k) Plan

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Independent Auditor's Report

To the Plan Administrator of the
AdCellerant 401(k) Plan:

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

We have performed audits of the financial statements of the AdCellerant 401(k) 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 statements of net assets available for benefits as of December 31, 2024, December 31, 2023, and January 1, 2023 (Plan Inception), and the related statements of changes in net assets available for benefits for the year ended December 31, 2024 and the period from January 1, 2023 (Plan Inception) through December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024, December 31, 2023, and January 1, 2023 (Plan Inception), and for the year ended December 31, 2024 and for the period from January 1, 2023 (Plan Inception) through December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying 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.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a: Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and for the period from January 1, 2023 (Plan Inception) through December 31, 2023, and Schedule H, Line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2024 and December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Brook and Company CPAs P.C.

Certified Public Accountants

Boulder, Colorado
October 14, 2025

AdCellerant 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31, 2024	December 31, 2023	(Plan Inception) January 1, 2023
ASSETS			
Noninterest bearing cash	\$ 3	\$ 54,727	\$ -
Investments, at fair value (Notes 2 and 3):			
Registered investment companies	7,727,183	5,217,930	-
Money market fund	108,257	82,689	-
Total investments	7,835,440	5,300,619	-
Receivables:			
Notes receivable from participants	73,428	76,758	-
Accrued income	34,500	482	-
Total receivables	107,928	77,240	-
Total assets	7,943,371	5,432,586	-
LIABILITIES			
Due to broker	-	54,485	-
Excess contributions payable	47,446	-	-
Total liabilities	47,446	54,485	-
Net assets available for benefits	\$ 7,895,925	\$ 5,378,101	\$ -

The accompanying Notes are an integral part of these financial statements.

AdCellerant 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Additions to (deductions from) net assets attributed to:

Investment income (Note 2):

Net appreciation in fair value of investments	\$ 712,537
Interest, dividends, and other	205,445
Total investment income	917,982

Other Income:

Interest income on notes receivable from participants	2,412
Other income (loss)	(855)
Total other income	1,557

Contributions:

Employer	517,370
Participant	1,322,881
Rollover	229,163
Total contributions	2,069,414
Less: excess contributions	(47,446)
Net contributions	2,021,968

Payments:

Distributions to participants	(417,488)
Administrative expenses	(6,195)
Total payments	(423,683)

Net increase in net assets available for benefits **2,517,824**

Net assets available for benefits, beginning of year **5,378,101**

Net assets available for benefits, end of year **\$ 7,895,925**

The accompanying Notes are an integral part of these financial statements.

AdCellerant 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Period from January 1, 2023 (Plan Inception) through December 31, 2023

Additions to (deductions from) net assets attributed to:

Investment income (Note 2):

Net appreciation in fair value of investments	\$ 534,512
Interest, dividends, and other	105,206

Total investment income	639,718
--------------------------------	----------------

Other income:

Interest income on notes receivable from participants	3,957
Other income (loss)	(2,924)

Total other income	1,033
---------------------------	--------------

Contributions:

Employer	530,986
Participant	1,346,694
Rollover	71,133

Total contributions	1,948,813
----------------------------	------------------

Payments:

Distributions to participants	(200,530)
Administrative expenses	(4,488)

Total payments	(205,018)
-----------------------	------------------

Net increase in net assets available for benefits prior to transfers	2,384,546
-----------------------------------------------------------------------------	------------------

Transfers (Note 1)	2,993,555
---------------------------	------------------

Net assets available for benefits, beginning of period	-
---------------------------------------------------------------	----------

Net assets available for benefits, end of period	\$ 5,378,101
---------------------------------------------------------	---------------------

The accompanying Notes are an integral part of these financial statements.

AdCellerant 401(k) Plan

Notes to Financial Statements

December 31, 2024, December 31, 2023, and January 1, 2023 (Plan Inception)

Note 1 – Description of the Plan

The following description of the AdCellerant LLC 401(k) Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan that was established by AdCellerant, LLC on January 1, 2023. The Plan is generally available to employees of AdCellerant, LLC (the "Company", "Employer", "Plan Sponsor", or "Plan Administrator") who have attained age 21 and completed 3 months of service. Employees may enter the Plan on the first day of the month coincident with or following the date the employee meets the Plan's eligibility requirements. The Plan excludes union employees, leased employees, non-resident aliens, contract employees, and employees from any non-adopting related employer of the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation.

On January 29, 2024, Clearview Capital Fund V, L.P. and its affiliates ("Fund V"), a private equity fund, announced the recapitalization of the Company, in partnership with its founders and other members of management. The transaction closed on December 12, 2023.

Transfers. On March 21, 2023, assets of \$2,993,555 attributable to employees of AdCellerant LLC, were spunoff from the Transamerica TriNet 401(k) Plan ("TriNet Plan") and transferred to the Plan via a trustee-to-trustee transfer.

Contributions. The following types of contributions are allowable under the Plan:

- Salary Deferral Contributions – Participants may contribute a percentage of their pre-tax annual compensation, as defined in the Plan document, subject to limitations. Participants may also contribute a percentage of their after-tax compensation and designate it as a Roth deferral contribution. The Plan provides for an eligible automatic contribution arrangement ("EACA") with an auto increase such that participants without an existing affirmative election will be auto-enrolled into the Plan and have 3% of their compensation withheld as a pretax salary deferral contribution. Such automatic enrollment deferral percentage will be increase annually on January 1 of each succeeding year until a 10% automatic enrollment deferral percentage is reached. Participants who are auto-enrolled under the EACA can elect a permissible withdrawal within 90 days of their first automatic deferral. A participant's total salary deferral contributions cannot exceed \$23,000 (\$30,500 if age 50 or over) in calendar year 2024 and \$22,500 (\$30,000 if age 50 or over) in calendar year 2023.
- Discretionary Employer Matching Contributions – The Company may contribute matching amounts each payroll period to eligible participants as a uniform percentage of matched participant contributions. For the year ended December 31, 2024 and for the period from January 1, 2023 through December 31, 2023, the Company made a discretionary Employer matching contribution equal to 50% of participant salary deferral contributions up to 7% of compensation.

AdCellerant 401(k) Plan

Notes to Financial Statements

December 31, 2024, December 31, 2023, and January 1, 2023 (Plan Inception)

Note 1 – Description of the Plan (continued)

- **Discretionary Employer Non-Elective Contributions** – The Company may make an Employer non-elective contribution each year to eligible participants employed on the last day of the Plan year. Participants who are terminated on the last day of the Plan year or who die, become disabled, or terminate employment on or after attaining normal retirement age during the year are also eligible to receive an allocation of the discretionary Employer non-elective contribution. Such contribution is allocated pro rata to each eligible participant's account in the ratio that each participant's compensation bears to the compensation of all eligible participants. No such contribution was made for the Plan year ended December 31, 2024 or for the period from January 1, 2023 through December 31, 2023.
- **Rollover Contributions** – Certain amounts distributed to eligible participants from other qualified employee benefit plans may be rolled into the Plan.

All contributions are allocated to the Plan's investment funds at the direction of the participants.

Investment Options. Participants may currently direct their investments into various registered investment companies and a money market fund.

Participant Accounts. Each participant's account is credited with the participant's contributions (salary deferrals and rollovers, if any) and an allocation of (a) the Employer's discretionary contributions (matching and non-elective, if any), (b) fund earnings or losses, and (c) administrative expenses. 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. Participants may borrow from their fund accounts up to a maximum equal to the lesser of (i) \$50,000 less the highest balance of loans outstanding in the previous 12 months or (ii) 50% of their vested account balance. Loan terms range up to a maximum of 5 years (a longer term is available if the loan is being used to acquire a principal residence). The loans are secured by the balance in the participant's account and bear a reasonable rate of interest commensurate with local prevailing rates at the date the loan is granted as determined by the Plan administrator. Principal and interest payments are paid ratably through payroll deductions.

Payment of Benefits. Benefits to participants or beneficiaries generally are payable as a lump sum equal to the value of their vested account balance upon retirement, disability, death or termination of the participant. A terminated employee with a balance of less than a certain dollar threshold, as defined, may be automatically paid out by the Plan upon termination. Additionally, participants may request in-service withdrawals of their rollover contributions account, upon attainment of age 59½, for a qualified reservist distribution, for a deemed severance distribution, or if they incur a financial hardship, as defined, if certain criteria are met.

Vesting. Participants are immediately vested in their salary deferral contributions, rollover contributions and related earnings thereon. Discretionary Employer matching and nonelective contributions are subject to a 3 year graded vesting schedule, whereas a participant becomes 33% vested after one year of service ("YOS"), 66% after 2 YOS, and 100% after 3 YOS. Additionally, employed participants become 100% vested in their accounts upon attainment of normal retirement age, death, disability, and termination or partial termination of the Plan.

AdCellerant 401(k) Plan

Notes to Financial Statements

December 31, 2024, December 31, 2023, and January 1, 2023 (Plan Inception)

Note 1 – Description of the Plan (continued)

Forfeitures Account. When certain terminations of Plan participation occur, the non-vested portion represents a forfeiture. Forfeitures are used to restore previously forfeited accounts, to pay administrative expenses of the Plan, or used to reduce Employer contributions. The balance in the forfeitures account was \$33,222, \$12,845, and \$0 as of December 31, 2024, December 31, 2023, and January 1, 2023 respectively.

Note 2 – Summary of Significant Accounting Policies

Use of Estimates and Basis of Accounting. The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition. The Plan's investments are stated at fair value (see Note 3). Fair value is the price 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 Plan Sponsor determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for a discussion of fair value measurements.

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

Notes Receivable from Participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Excess Contributions Payable. Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Code ("IRC") are recorded as a liability and corresponding expense. The Plan distributes the excess contributions to applicable participants after the Plan's year end.

Contributions. Participant contributions and the related Employer matching contribution are recognized in the period in which participant contributions are withheld from compensation.

Benefits Payments. Benefits are recorded when paid.

Expenses. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account. Included in administrative expenses are recordkeeping, custodial, trustee, investment management, distribution, and other fees. Additionally, certain investment related expenses are included in investment income.

AdCellerant 401(k) Plan

Notes to Financial Statements

December 31, 2024, December 31, 2023, and January 1, 2023 (Plan Inception)

Note 3 – Fair Value Measurements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides 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 (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2. Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

- Registered investment companies ("RICs") and the money market fund ("MMF") are valued at the quoted net asset value ("NAV") of shares/units held by the Plan at year end.

The methods 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 the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

AdCellerant 401(k) Plan

Notes to Financial Statements

December 31, 2024, December 31, 2023, and January 1, 2023 (Plan Inception)

Note 3 – Fair Value Measurements (continued)

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:

	Fair Value Measurements at December 31, 2024			Total
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	
Registered Investment Companies	\$ 7,727,183	\$ -	\$ -	\$ 7,727,183
Money Market Funds	108,257	-	-	108,257
Total Assets at Fair Value	\$ 7,835,440	\$ -	\$ -	\$ 7,835,440

	Fair Value Measurements at December 31, 2023			Total
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	
Registered Investment Companies	\$ 5,217,930	\$ -	\$ -	\$ 5,217,930
Money Market Funds	82,689	-	-	82,689
Total Assets at Fair Value	\$ 5,300,619	\$ -	\$ -	\$ 5,300,619

Note 4 – Certified Information

The following information disclosed in the accompanying financial statements and ERISA-required supplemental schedules was obtained by management and agreed to or derived from information certified as complete and accurate by BOKF, NA, the trustee of the Plan:

- Noninterest bearing cash, investments, notes receivable from participants, accrued income, and due to broker as shown in the Statements of Net Assets Available for Benefits as of December 31, 2024, December 31, 2023, and January 1, 2023;
- Investment amounts, as shown in Notes 3;
- Investment income, as shown in the Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2024 and for the period from January 1, 2023 through December 31, 2023;

AdCellerant 401(k) Plan

Notes to Financial Statements

December 31, 2024, December 31, 2023, and January 1, 2023 (Plan Inception)

Note 4 – Certified Information (continued)

- Interest income on notes receivable from participants, as shown in the Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2024 and for the period from January 1, 2023 through December 31, 2023; and
- The investment information in the Schedules of Assets (Held at End of Year) as of December 31, 2024 and 2023, as shown in the supplemental schedules.

Note 5 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination or partial termination, affected participants will become 100% vested in their accounts.

Note 6 – Tax Status

The Plan Sponsor has adopted a BOKF NA Non-Standardized Pre-Approved Profit Sharing Plan (“pre-approved plan”). The pre-approved plan received an opinion letter from the Internal Revenue Service (“IRS”) on June 30, 2020, which stated that the pre-approved plan is qualified under the applicable sections of the Internal Revenue Code (“IRC”). Although the pre-approved plan and the Plan have been amended since receiving the IRS opinion letter, the Plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified under Section 401(a) of the IRC and the related trust is tax exempt as of December 31, 2024, December 31, 2023, and January 1, 2023. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, December 31, 2023, and January 1, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 – Reconciliation to Form 5500

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

	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 7,895,925
Add: excess contributions payable	<u>47,446</u>
Net assets available for benefits per the Form 5500 (unaudited)	<u>\$ 7,943,371</u>

AdCellerant 401(k) Plan

Notes to Financial Statements

December 31, 2024, December 31, 2023, and January 1, 2023 (Plan Inception)

Note 7 – Reconciliation to Form 5500 (continued)

The following is a reconciliation of excess contributions per the financial statements to corrective distributions per the Form 5500 for the year ended December 31, 2024:

	Excess Contributions/ Corrective Distributions
Amounts per the financial statements	<u>\$ 47,446</u>
Less: 2024 excess contributions payable	<u>(47,446)</u>
Amounts per the Form 5500 (unaudited)	<u>\$ -</u>

Note 8 – Party-In-Interest Transactions

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

The Plan's trustee, BOKF, NA; the Plan's recordkeeper; the Plan's investment advisor; the Plan's auditors; the Plan's external legal counsel; the Employer; and Plan participants are all parties-in-interest to the Plan. Additionally, the Plan maintains notes receivable from participants. Fees paid for services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Note 9 – Nonexempt Prohibited Transactions

During 2023, the Company had nonexempt prohibited transactions related to participant contributions and loan repayments not remitted to the trust in a timely manner as listed on Schedules H, Line 4a: Schedules of Delinquent Participant Contributions. The principal amount of the late contributions and loan repayments have been remitted to the Plan's trust. The Company intends to correct these late contributions and loan repayments by remitting lost earnings into the Plan's trust as soon as administratively feasible.

Note 10 – Concentrations, Risks, and Uncertainties

The Plan provides for various investment options. Investment securities, in general, are exposed to various risks, such as significant world events, interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts presented in the statements of net assets available for benefits. As of December 31, 2024 and 2023, there were four investments which individually represented more than 10% of net assets available for Plan benefits. See supplemental Schedules of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2024 and 2023.

AdCellerant 401(k) Plan

Notes to Financial Statements

December 31, 2024, December 31, 2023, and January 1, 2023 (Plan Inception)

Note 10 – Concentrations, Risks, and Uncertainties (continued)

Additionally, some investments held by the Plan are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

Note 11 – Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 14, 2025, which is the date the financial statements were available to be issued.

Effective January 1, 2025, the Plan Sponsor elected to adopt an increase in the catch-up contribution limit for participants aged 60-63 under The SECURE 2.0 Act. The new limit for 2025 is the greater of \$10,000 or 150% of the regular catch-up contribution limit (\$11,250 for 2025) which is indexed annually.

On October 1, 2025, the Plan was retroactively amended to provide that all eligible employees employed on December 31, 2022 shall become eligible to participate in the Plan as of January 1, 2023.

AdCellerant 401(k) Plan

Schedule H, Line 4a:

Schedule of Delinquent Participant Contributions

EIN: 46-4181549

PN: 002

Year ended December 31, 2024

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included <input checked="" type="checkbox"/>	Total That Constitute Nonexempt Prohibited Transactions			
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 67,078	<input checked="" type="checkbox"/>	\$ 67,078	\$ -	\$ -	\$ -

AdCellerant 401(k) Plan

Schedule H, Line 4a:

Schedule of Delinquent Participant Contributions

EIN: 46-4181549

PN: 002

Period from January 1, 2023 (Plan Inception) through December 31, 2023

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included <input checked="" type="checkbox"/>	Total That Constitute Nonexempt Prohibited Transactions			
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 67,078		\$ 67,078	\$ -	\$ -	\$ -

AdCellerant 401(k) Plan

Schedule H, Line 4i: Schedule of Assets (Held at End of Year)

EIN: 46-4181549

PN: 002

December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Current Value
	Registered Investment Companies:	
Vanguard	Vgd Short Term Bond Index-Adm	\$ 55,229
American Beacon	Amer Beacon Sm Cap Val-R6	56,120
Metropolitan West	Met West Total Return Bond Plan	48,571
American Beacon	Amer Beacon Intl Equity-R6	70,678
Vanguard	Vanguard Infn Protect Sec Adm	25,758
Fidelity	Fidelity 500 Index-Inst'l Prem	1,029,488
Vanguard	Vgd Target Rtmnt Inc-Inv	4,389
MFS	MFS Value R6	97,727
Vanguard	Vgd Target Rtmnt 2020-Inv	4,466
Vanguard	Vgd Target Rtmnt 2025-Inv	9,074
Vanguard	Vgd Target Rtmnt 2030-Inv	19,494
Vanguard	Vgd Target Rtmnt 2035-Inv	103,188
Vanguard	Vgd Target Rtmnt 2040-Inv	208,129
Vanguard	Vgd Target Rtmnt 2045-Inv	727,822
Vanguard	Vgd Target Rtmnt 2050-Inv	1,493,709
Vanguard	Vgd Target Rtmnt 2055-Inv	1,313,169
Vanguard	Vgd Target Rtmnt 2060-Inv	970,452
Vanguard	Vgd Target Rtmnt 2065-Inv	516,922
Vanguard	Vgd Target Rtmnt 2070-Inv	45,891
Vanguard	Vanguard S/C Growth Index-Adm	157,236
T Rowe Price	T Rowe Price Growth Stock-I	387,503
Vanguard	Vanguard Mid Cap Index Adm	255,550
American Funds	American EuroPacific Growth R6	126,618
	Total Registered Investment Companies	7,727,183
	Money Market Fund:	
Invesco	Invesco Gov't & Agency Inst'l Fd	108,257
*	Loans to Participants (interest rates of 4.17% - 9.00%, various maturity dates)	73,428
	Total Assets (Held at End of Year)	\$ 7,908,868

* Represents a party-in-interest

AdCellerant 401(k) Plan

Schedule H, Line 4i: Schedule of Assets (Held at End of Year)

EIN: 46-4181549

PN: 002

December 31, 2023

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Current Value
	Registered Investment Companies:	
Vanguard	Vgd Short Term Bond Index Adm	\$ 38,988
American Beacon	Amer Beacon Sm Cap Val-R6	41,110
Metropolitan West	Met West Total Return Bond Plan	30,522
American Beacon	Amer Beacon Intl Equity-R6	59,880
Vanguard	Vanguard Infn Protect Secs Adm	19,050
Fidelity	Fidelity 500 Index-Inst'l Prem	511,715
Vanguard	Vgd Target Rtmnt Inc-Inv	6,060
MFS	MFS Value R6	87,196
Vanguard	Vgd Target Rtmnt 2020-Inv	6,105
Vanguard	Vgd Target Rtmnt 2025-Inv	9,069
Vanguard	Vgd Target Rtmnt 2030-Inv	127,501
Vanguard	Vgd Target Rtmnt 2035-Inv	68,499
Vanguard	Vgd Target Rtmnt 2040-Inv	154,690
Vanguard	Vgd Target Rtmnt 2045-Inv	653,874
Vanguard	Vgd Target Rtmnt 2050-Inv	1,227,498
Vanguard	Vgd Target Rtmnt 2055-Inv	770,052
Vanguard	Vgd Target Rtmnt 2060-Inv	573,238
Vanguard	Vgd Target Rtmnt 2065-Inv	302,013
Vanguard	Vgd Target Rtmnt 2070-Inv	33,732
Vanguard	Vanguard S/C Growth Index-Adm	105,008
T Rowe Price	T Rowe Price Growth Stock-I	110,900
Vanguard	Vanguard Mid Cap Index Adm	179,618
American Funds	American EuroPacific Growth R6	101,612
	Total Registered Investment Companies	5,217,930
	Money Market Fund:	
Invesco	Invesco Gov't & Agency Inst'l Fd	82,689
*	Loans to Participants (interest rates of 4.17% - 7.01%, various maturity dates)	76,758
	Total Assets (Held at End of Year)	\$ 5,377,377

* Represents a party-in-interest

AdCellerant 401(k) Plan

Schedule H, Line 4a:

Schedule of Delinquent Participant Contributions

EIN: 46-4181549

PN: 002

Year ended December 31, 2024

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included <input checked="" type="checkbox"/>	Total That Constitute Nonexempt Prohibited Transactions			
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 67,078		\$ 67,078	\$ -	\$ -	\$ -

AdCellerant 401(k) Plan

Schedule H, Line 4i: Schedule of Assets (Held at End of Year)

EIN: 46-4181549

PN: 002

December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Current Value
	Registered Investment Companies:	
Vanguard	Vgd Short Term Bond Index-Adm	\$ 55,229
American Beacon	Amer Beacon Sm Cap Val-R6	56,120
Metropolitan West	Met West Total Return Bond Plan	48,571
American Beacon	Amer Beacon Intl Equity-R6	70,678
Vanguard	Vanguard Infln Protect Sec Adm	25,758
Fidelity	Fidelity 500 Index-Inst'l Prem	1,029,488
Vanguard	Vgd Target Rtmnt Inc-Inv	4,389
MFS	MFS Value R6	97,727
Vanguard	Vgd Target Rtmnt 2020-Inv	4,466
Vanguard	Vgd Target Rtmnt 2025-Inv	9,074
Vanguard	Vgd Target Rtmnt 2030-Inv	19,494
Vanguard	Vgd Target Rtmnt 2035-Inv	103,188
Vanguard	Vgd Target Rtmnt 2040-Inv	208,129
Vanguard	Vgd Target Rtmnt 2045-Inv	727,822
Vanguard	Vgd Target Rtmnt 2050-Inv	1,493,709
Vanguard	Vgd Target Rtmnt 2055-Inv	1,313,169
Vanguard	Vgd Target Rtmnt 2060-Inv	970,452
Vanguard	Vgd Target Rtmnt 2065-Inv	516,922
Vanguard	Vgd Target Rtmnt 2070-Inv	45,891
Vanguard	Vanguard S/C Growth Index-Adm	157,236
T Rowe Price	T Rowe Price Growth Stock-I	387,503
Vanguard	Vanguard Mid Cap Index Adm	255,550
American Funds	American EuroPacific Growth R6	126,618
	Total Registered Investment Companies	7,727,183
	Money Market Fund:	
Invesco	Invesco Gov't & Agency Inst'l Fd	108,257
* Participants	Loans to Participants (interest rates of 4.17% - 9.00%, various maturity dates)	73,428
	Total Assets (Held at End of Year)	\$ 7,908,868

* Represents a party-in-interest