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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BUZZBALLZ, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2013

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)
BUZZBALLZ, LLC

10101 LINN STATION RD., SUITE 400
LOUISVILLE, KY 40223

2b Employer Identification Number (EIN)
80-0452181

2c Plan Sponsor's telephone number
704-501-7274

2d Business code (see instructions)
312140

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.	10/15/2026	MATTHEW DIEGEL
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	841
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	**6a(1)**	816
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	825
b	Retired or separated participants receiving benefits	**6b**	9
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	847
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	848
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	128
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	124
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	8
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 Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] 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

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BUZZBALLZ, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BUZZBALLZ, LLC

D Employer Identification Number (EIN)
80-0452181

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

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

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

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

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

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

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

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

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

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

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

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

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

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

JULY BUSINESS SERVICES LLC

P.O. BOX 2208
WACO, TX 76703

74-2715820

(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	RECORDKEEPER	17613	Yes ☐ No ☒	Yes ☐ No ☐		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 ☐

(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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BUZZBALLZ, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BUZZBALLZ, LLC

D Employer Identification Number (EIN)
80-0452181

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)	146670	44389
(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)	83676	65754
(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)	4686465	4845647
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	4916811	4955790
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	4916811	4955790

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)	320607	
(B) Participants	2a(1)(B)	594700	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		915307
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4776	
(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)	6411	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11187
(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)	78409	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		78409
(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)		0
(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)		0

		(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)		502129
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1507032
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1407605	
(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)		1407605
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		32901
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	9070	
(3) Recordkeeping fees	2i(3)	17613	
(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)	709	
(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)	155	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		27547
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1468053
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		38979
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) [X] 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) [X] 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: **(2)** EIN:

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)** [X] 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.)	**4a**	X		48192
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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		290000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BUZZBALLZ, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BUZZBALLZ, LLC

D Employer Identification Number (EIN)
80-0452181

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): _____ _____

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
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)	**14b**	
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)	**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 Q703180A .

Amanda Wainright

From: Lee, Shelby <Shelby.Lee@crowe.com>
Sent: Thursday, October 15, 2026 12:48 PM
To: Rob Sumrall
Cc: Shawna Brown; Harrison Cochrane
Subject: RE: Buzz Delinquent Contributions

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Rob –

We will not be completed today and that was previously communicated with Harrison. You all should proceed with the filing without the financial statements.

Thank you,

Shelby Lee
Crowe LLP
Office: 859-280-5133 | Cell: 859-779-4838
shelby.lee@crowe.com
www.crowe.com

From: Rob Sumrall <rsumrall@julyservices.com>
Sent: Thursday, October 15, 2026 12:56 PM
To: Lee, Shelby <Shelby.Lee@crowe.com>; Harrison Cochrane <hscochrane@sazerac.com>
Cc: Shawna Brown <sbrown@julyservices.com>
Subject: Re: Buzz Delinquent Contributions

CAUTION: This email originated from outside of Crowe. Do not click links, open attachments or forward unless you recognize the sender and know the content is safe.

Hi Shelby,

Looks like my colleague, Jeff Harl, sent over a contribution report this morning so is there anything else you need to complete the 2025 audit? I'll continue to work with decon on the 2026 activity, but want to be sure we get the 2025 5500 filed, today.

Thanks!

Rob Sumrall QKA
Senior Client Service Manager
P: 254.296.4015 x3127

Jeff Hartl
Client Service Manager
jartl@julyservices.com
Ext. 3267

July Business Services
400 Austin Avenue, Suite 1200 | Waco, Texas | 76701
P.O. Box 2208 | Waco, Texas | 76703



On October 15, 2026 at 8:45 AM EDT shelby.lee@crowe.com wrote:

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Harrison –

Correct -yes this is still needed then we will have to work through other transfer testing errors once we have this final reporting to understand where we are at and what additional questions we may have as we will need to match various reports together. We also need a 2026 final 5500 draft for the plan showing the closeout and all activity.

I also just returned questions on Contributions testing from 2025 – let me know if you'd like a call on this. These variances are note related to the transfer and relate only to pre-transfer contribution/payroll activity.

Thank you,

Shelby Lee
Crowe LLP
Office: 859-280-5133 | Cell: 859-779-4838
shelby.lee@crowe.com
www.crowe.com

From: Harrison Cochrane <hscochrane@sazerac.com>
Sent: Thursday, October 15, 2026 8:39 AM
To: Rob Sumrall <rsumrall@julyservices.com>; Lee, Shelby <Shelby.Lee@crowe.com>
Subject: RE: Buzz Delinquent Contributions

CAUTION: This email originated from outside of Crowe. Do not click links, open attachments or forward unless you recognize the sender and know the content is safe.

Good morning,

I just wanted to circle back on this. I think this is one of, if not the last piece we need for the audit. @Lee, Shelby can you confirm if this is still needed, and @Rob Sumrall can you give information about the possibility of getting it today if needed?

Thanks,
Harrison Cochrane
Benefits Analyst
hscochrane@sazerac.com



Sazerac Company, Inc.
10101 Linn Station Rd · Suite 400 · Louisville, KY · 40223
www.sazerac.com

From: Harrison Cochrane <hscochrane@sazerac.com>
Sent: Wednesday, October 14, 2026 10:43 AM
To: Rob Sumrall <rsumrall@julyservices.com>; Lee, Shelby <Shelby.Lee@crowe.com>
Subject: RE: Buzz Delinquent Contributions

Hey Rob,

Thanks for sending this over. I think we spoke about this previously, but is there a 5500 drafted with 2026 information? Since part of the audit is going into 2026, Shelby told me we would need one for those dates. I'll let her correct me if I'm misremembering though.

Thank you,
Harrison Cochrane
Benefits Analyst
hscochrane@sazerac.com



Sazerac Company, Inc.
10101 Linn Station Rd · Suite 400 · Louisville, KY · 40223
www.sazerac.com

From: Rob Sumrall <rsumrall@julyservices.com>
Sent: Wednesday, October 14, 2026 10:37 AM
To: Lee, Shelby <Shelby.Lee@crowe.com>; Harrison Cochrane <hscochrane@sazerac.com>
Subject: Re: Buzz Delinquent Contributions

Good morning, Shelby.

Please see below from the deconversions team. I sent the full decon files to Harrison, so let me know if you need them again. Also, I've attached a copy of the revised 5500 draft, per your request. I hope this is everything you'll need as we are right up against being able to file tiimely, as you know.

Rob, when we send residual dividends to the new provider, we do not provide a breakdown per participant (i.e. the dividends do not get ran through Relius). We do send a breakdown by fund, and it's up to the new provider to allocate the dividends based on the initial deconversion reporting we provided with the initial deconversion wire. That initial reporting is broken out by participant/source/fund, so the new provider can use that info to determine who should get the residual dividends. This process is standard in the industry. I hope this helps, and let me know if you have questions.

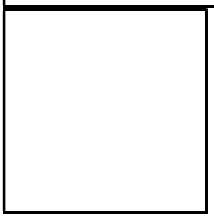
Thanks!

Rob Sumrall QKA
Senior Client Service Manager
P: 254.296.4015 x3127

Jeff Hartl
Client Service Manager
jartl@julyservices.com
Ext. 3267

July Business Services
400 Austin Avenue, Suite 1200 | Waco, Texas | 76701
P.O. Box 2208 | Waco, Texas | 76703
julyservices.com | JULY LinkedIn





On October 14, 2026 at 8:12 AM EDT shelby.lee@crowe.com wrote:

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thanks so much Rob – appreciate it!

Shelby Lee
Crowe LLP
Office: 859-280-5133 | Cell: 859-779-4838
shelby.lee@crowe.com
www.crowe.com

From: Rob Sumrall <rsumrall@julyservices.com>
Sent: Tuesday, October 13, 2026 6:46 PM

To: Lee, Shelby <Shelby.Lee@crowe.com>; Harrison Cochrane <hscochrane@sazerac.com>
Subject: Re: Buzz Delinquent Contributions

CAUTION: This email originated from outside of Crowe. Do not click links, open attachments or forward unless you recognize the sender and know the content is safe.

Hi Shelby,

I reached out to the deconversion team this morning, and still have not heard back from them regarding the trails. MATC doesn't show this activity, so I'm trying to provide you with support for what actually happened with these dividends. With regard to the late payrolls, I have instructed the compliance team to follow your direction, and should have the revisions tomrrow.

I'll be in touch as soon as I have more on the trails.

Thank you!

Rob Sumrall QKA
Senior Client Service Manager
P: 254.296.4015 x3127

Jeff Hartl
Client Service Manager
jartl@julyservices.com
Ext. 3267

July Business Services
400 Austin Avenue, Suite 1200 | Waco, Texas | 76701
P.O. Box 2208 | Waco, Texas | 76703
julyservices.com | JULY LinkedIn

On October 13, 2026 at 2:36 PM EDT shelby.lee@crowe.com wrote:

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

We received the attached related to delinquent contributions. We understand the point regarding the payroll dates falling on weekends. However, I'm not sure that this fully addresses the timing concern, particularly since weekend

payroll dates appear to be common throughout the year. See attached file with payroll dates and differences throughout the year.

My understanding is that the DOL's standard focuses on when participant contributions could reasonably have been segregated from the employer's general assets, rather than simply the number of days between the payroll date and the deposit date considering holidays and weekends.

Given that the majority of contributions were remitted on or very close to the payroll date, it appears the employer has demonstrated the ability to process contributions within a relatively short timeframe, even with the weekend payroll schedule. With that in mind, I think the two June deposits still warrant additional consideration. While the delays were not significant in terms of total days, they appear to be outliers compared with the employer's established remittance practices (i.e. normally within 0-3 days).

Could you help clarify what specifically prevented these two contributions from being remitted within the normal timeframe? For example, was there a difference in when payroll was finalized, when the contribution information became available, or when the funds could reasonably have been segregated for these two payrolls as compared to the rest of the year?

We certainly understand that occasional variations in processing can occur. However, absent a specific explanation for the additional time, I would be hesitant to conclude that these deposits were timely as they were outside of normal established remittance periods.

I appreciate your perspective and just want to make sure we're applying the DOL's requirements consistently based on the employer's demonstrated remittance capabilities.

Thank you!

Shelby Lee
Crowe LLP
Office: 859-280-5133 | Cell: 859-779-4838
shelby.lee@crowe.com
www.crowe.com

Notice required by law: This e-mail may constitute an advertisement or solicitation under U.S. law, if its primary purpose is to advertise or promote a commercial product or service. You may choose not to receive advertising and promotional messages from Crowe (except for the crowe.com website, which tracks e-mail preferences through a separate process) at this e-mail address by forwarding this message to CroweUnsubscribe@crowe.com. If you do so, the sender of this message will be notified promptly. Our principal postal address is 225 W Wacker Drive, Suite 2600, Chicago, IL 60602-4903.

This email message is from Crowe and may contain privileged or confidential information or other information exempt from disclosure under applicable law. Crowe operates through an alternative practice structure under which professional services are provided by separate legal entities. Crowe LLP provides audit and attest services, and Crowe Advisory LLC provides tax, advisory, consulting, and other nonattest services. If you are not the intended recipient, please notify the sender by reply email immediately and delete this message without reading further or forwarding to others. This email is not intended to be a contract or other legally binding obligation, and any tax advice expressed in this email should not be construed as a formal tax opinion unless expressly stated. Visit www.crowe.com/disclosure for more information about Crowe and its legal entities.

Confidentiality Notice: The information contained in this communication, including attachments is privileged and confidential. It is intended only for the exclusive use of the addressee. If the reader of this message is not the intended recipient, or the employee, or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone or email. Thank you.
Notice required by law: This e-mail may constitute an advertisement or solicitation under U.S. law, if its primary purpose is to advertise or promote a commercial product or service. You may choose not to receive advertising and promotional messages from Crowe (except for the crowe.com website, which

tracks e-mail preferences through a separate process) at this e-mail address by forwarding this message to CroweUnsubscribe@crowe.com. If you do so, the sender of this message will be notified promptly. Our principal postal address is 225 W Wacker Drive, Suite 2600, Chicago, IL 60602-4903.

This email message is from Crowe and may contain privileged or confidential information or other information exempt from disclosure under applicable law. Crowe operates through an alternative practice structure under which professional services are provided by separate legal entities. Crowe LLP provides audit and attest services, and Crowe Advisory LLC provides tax, advisory, consulting, and other nonattest services. If you are not the intended recipient, please notify the sender by reply email immediately and delete this message without reading further or forwarding to others. This email is not intended to be a contract or other legally binding obligation, and any tax advice expressed in this email should not be construed as a formal tax opinion unless expressly stated. Visit www.crowe.com/disclosure for more information about Crowe and its legal entities.

Notice required by law: This e-mail may constitute an advertisement or solicitation under U.S. law, if its primary purpose is to advertise or promote a commercial product or service. You may choose not to receive advertising and promotional messages from Crowe (except for the crowe.com website, which tracks e-mail preferences through a separate process) at this e-mail address by forwarding this message to CroweUnsubscribe@crowe.com. If you do so, the sender of this message will be notified promptly. Our principal postal address is 225 W Wacker Drive, Suite 2600, Chicago, IL 60602-4903.

This email message is from Crowe and may contain privileged or confidential information or other information exempt from disclosure under applicable law. Crowe operates through an alternative practice structure under which professional services are provided by separate legal entities. Crowe LLP provides audit and attest services, and Crowe Advisory LLC provides tax, advisory, consulting, and other nonattest services. If you are not the intended recipient, please notify the sender by reply email immediately and delete this message without reading further or forwarding to others. This email is not intended to be a contract or other legally binding obligation, and any tax advice expressed in this email should not be construed as a formal tax opinion unless expressly stated. Visit www.crowe.com/disclosure for more information about Crowe and its legal entities.

Notice required by law: This e-mail may constitute an advertisement or solicitation under U.S. law, if its primary purpose is to advertise or promote a commercial product or service. You may choose not to receive advertising and promotional messages from Crowe (except for the crowe.com website, which tracks e-mail preferences through a separate process) at this e-mail address by forwarding this message to CroweUnsubscribe@crowe.com. If you do so, the sender of this message will be notified promptly. Our principal postal address is 225 W Wacker Drive, Suite 2600, Chicago, IL 60602-4903.

This email message is from Crowe and may contain privileged or confidential information or other information exempt from disclosure under applicable law. Crowe operates through an alternative practice structure under which professional services are provided by separate legal entities. Crowe LLP provides audit and attest services, and Crowe Advisory LLC provides tax, advisory, consulting, and other nonattest services. If you are not the intended recipient, please notify the sender by reply email immediately and delete this message without reading further or forwarding to others. This email is not intended to be a contract or other legally binding obligation, and any tax advice expressed in this email should not be construed as a formal tax opinion unless expressly stated. Visit www.crowe.com/disclosure for more information about Crowe and its legal entities.

Asset Listing

Security	Description	Beginning Shares	Price	Beginning Market Value	Ending Shares	Price	Ending Market Value
Cash & Equivalents							
CASH	Mid Atlantic Master Cash Account			-			-
Total	**Cash & Equivalents**			**-**			**-**
Equity Fund							
091937573	BlackRock Health Sciences Opportunities Portfolio Investor A Shares	1,178.436	62.4400	73,581.54	1,462.8080	64.7300	94,687.56
09251M108	BlackRock Equity Dividend Fund Investor A Shares	14,039.141	18.8700	264,918.59	10,973.7050	20.7200	227,375.17
19765N278	Columbia Dividend Income Fund Class A	16,985.200	32.9700	560,002.04	11,480.5350	36.2200	415,824.98
19766J359	Columbia Seligman Global Technology Fund Institutional 3 Class	860.932	75.8600	65,310.30	1,233.0600	95.2300	117,424.30
315805267	Fidelity Advisor Equity Growth Fund - Class Z	29,490.533	23.7600	700,695.06	23,490.5820	27.1100	636,829.68
315911750	Fidelity 500 Index Fund	652.038	204.1900	133,139.64	804.8590	237.7200	191,331.08
465899813	Nomura Smid Cap Core Fund Class I	1,537.826	19.6500	30,218.28	-	21.0700	-
55273W475	MFS Mid Cap Value Fund Class R6	707.161	31.7900	22,480.65	4.9020	31.2500	153.19
74441K107	PGIM Jennison Natural Resources Fund - Class A	976.610	50.8600	49,670.38	1,265.5910	69.8000	88,338.25
885882662	Thrivent Mid Cap Stock Fund Class S	1,617.599	36.2100	58,573.26	840.6690	33.7800	28,397.80
Total	**Equity Fund**			**1,958,589.74**			**1,800,362.01**
International Equity Fund							
315910679	Fidelity Advisor International Small Cap Fund - Class I	302.213	30.8100	9,311.18	39.0950	37.0800	1,449.64

Asset Listing

Security	Description	Beginning Shares	Price	Beginning Market Value	Ending Shares	Price	Ending Market Value
International Equity Fund							
47103X492	Janus Henderson Global Equity Income Fund Class I	11,786.889	6.0500	71,310.68	3,420.1730	7.3200	25,035.67
57629S778	MassMutual Overseas Fund Class R5	5,592.638	8.2500	46,139.26	4,805.5840	8.7800	42,193.03
649280872	American Funds New World Fund Class R-1	459.127	73.6300	33,805.52	268.2340	88.7600	23,808.45
Total	**International Equity Fund**			**160,566.64**			**92,486.79**
Fixed Income Fund							
40168W525	Guggenheim Total Return Bond Fund Institutional Class	26,889.186	23.4500	630,551.41	26,226.1230	24.1200	632,574.09
40168W715	Guggenheim Floating Rate Strategies Fund Institutional Class	1,520.349	24.2400	36,853.26	1,068.8050	23.4600	25,074.17
543487136	Loomis Sayles Investment Grade Bond Fund Class Y	4,174.646	9.7200	40,577.56	384.0230	9.9000	3,801.83
72201F474	PIMCO Income Fund Class A	17,371.891	10.5200	182,752.29	7,761.0340	10.9900	85,293.76
87234N765	TCW Emerging Markets Income Fund Class Institutional	19,039.929	6.4600	122,997.94	22,859.7330	6.9500	158,875.14
Total	**Fixed Income Fund**			**1,013,732.46**			**905,618.99**
Balanced Fund							
09251T509	BlackRock Global Allocation Fund, Inc. Institutional Shares	2,123.551	18.7000	39,710.40	2,361.1480	20.4000	48,167.42
09256H351	BlackRock Multi-Asset Income Portfolio Investor A Shares	2,696.721	10.0900	27,209.91	3,585.1140	10.5600	37,858.80
32008F507	First Eagle Global Fund Class A	276.148	67.0200	18,507.44	110.0200	80.4700	8,853.31
872797196	T. Rowe Price Retirement 2060 Fund I Class	72.107	16.5900	1,196.26	66.0460	19.0000	1,254.87

Asset Listing

Security	Description	Beginning Shares	Price	Beginning Market Value	Ending Shares	Price	Ending Market Value
Balanced Fund							
872797220	T. Rowe Price Retirement 2050 Fund I Class	996.544	18.9300	18,864.58	2,932.4490	21.6300	63,428.87
872797246	T. Rowe Price Retirement 2040 Fund I Class	728.625	30.5700	22,274.07	1,565.7890	34.3800	53,831.83
872797261	T. Rowe Price Retirement 2030 Fund I Class	1,825.180	25.6100	46,742.86	2,372.7530	27.7100	65,748.99
MAT111204	BCM DynamicBelay Aggressive Growth (QDIA)	24,959.497	19.4800	486,211.00	30,430.6350	22.1400	673,734.26
MAT111205	BCM DynamicBelay Growth (QDIA)	15,049.056	18.5100	278,558.03	14,722.6020	20.8100	306,377.35
MAT111206	BCM DynamicBelay Moderate Growth (QDIA)	9,899.081	17.1900	170,165.20	12,947.7890	19.0100	246,137.47
MAT111207	BCM DynamicBelay Conservative Growth (QDIA)	9,942.198	15.8800	157,882.10	13,439.6700	17.4100	233,984.65
MAT111208	BCM DynamicBelay Balanced Growth (QDIA)	5,649.515	14.4500	81,635.49	5,319.9400	15.6500	83,257.06
Total	**Balanced Fund**			**1,348,957.34**			**1,822,634.88**
Alternative Asset Fund							
72201F763	PIMCO StocksPLUS Short Fund Class A	30,091.054	6.8000	204,619.17	36,100.4130	6.2200	224,544.57
Total	**Alternative Asset Fund**			**204,619.17**			**224,544.57**
Bank Demand Deposit							
DXP000015	Deposit Management Program I	146,669.710	1.0000	146,669.71	44,389.3900	1.0000	44,389.39
Total	**Bank Demand Deposit**			**146,669.71**			**44,389.39**
Total For Account				**4,833,135.06**			**4,890,036.63**