Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

A This return/report is for:

SIGN HERE

Signature of DFE

Annual Report Identification Information

a multiemployer plan

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023

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

2023

This Form is Open to Public Inspection

and ending 09/30/2024

a multiple-employer plan (Filers checking this box must provide participating

Enter name of individual signing as DFE

7 111101	retarrinoport io ior.	_	employer infor	mation in accordance with the fo	rm instructions.)				
		X a single-employer plan	a DFE (specify)					
B This r	return/report is:	the first return/report	the final return	n/report					
	·	an amended return/report	a short plan ye	ar return/report (less than 12 mo	onths)				
C If the	plan is a collectively-barga	ined plan, check here							
D Chec	k box if filing under:	Form 5558	automatic exte	nsion	the	DFVC program			
	J	special extension (enter descriptio	n)	<u> </u>	_				
E If this	is a retroactively adopted p	blan permitted by SECURE Act section	201, check here		7				
Part II	Basic Plan Inform	nation—enter all requested information	on	_					
	ne of plan	D WELFARE RENEETED AN			1b	Three-digit plan	510		
URBAI	N DOVE INC. HEALTH ANI	D WELFARE BENEFIT PLAN			1c	number (PN) ▶ Effective date of pla	an		
						10/01/2019			
	n sponsor's name (employe ing address (include room,		2b Employer Identification Number (EIN)						
City		country, and ZIP or foreign postal code	(if foreign, see instru	uctions)	13-3997718				
ONDAIN	DOVE INO.	2c Plan Sponsor's telephone number 212-244-2131							
21-21 41ST AVE LONG ISLAND CITY, NY 11101						2d Business code (see instructions) 611000			
Caution	: A penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cause is est	tablis	hed.			
	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	Filed with authorized/valid	electronic signature	04/04/2025	ROSE TEMBA					
HERE									
	Signature of plan admin	ISTRATOR	Date	Enter name of individual signin	ig as p	pian administrator			
SIGN HERE									
HERE	Signature of employer/p	olan sponsor	Date	Enter name of individual signing	ng as e	employer or plan sp	onsor		

Date

	Form 5500 (2023)	Pag	e 2		
3a	Plan administrator's name and address X Same as Plan Sponsor			3b Adm	inistrator's EIN
				3c Adm	inistrator's telephone ber
4	If the name and/or EIN of the plan sponsor or the plan name has changed significant the plan sponsor's name, EIN, the plan name and the plan number from			4b EIN	
a c	Sponsor's name Plan Name		•	4d PN	
5	Total number of participants at the beginning of the plan year			5	150
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2), 6b, 6c, and 6d) .	d (welfare plans	complete only lines 6a(1),		
а(1) Total number of active participants at the beginning of the plan year			6a(1)	150
а(2) Total number of active participants at the end of the plan year			6a(2)	158
b	Retired or separated participants receiving benefits			6b	0
С	Other retired or separated participants entitled to future benefits			6c	0
d	Subtotal. Add lines 6a(2), 6b, and 6c.			6d	158
е	Deceased participants whose beneficiaries are receiving or are entitled to	receive benefi	ts	6e	
f	Total. Add lines 6d and 6e			6f	
g(1) Number of participants with account balances as of the beginning of the p complete this item)	olan year (only o	defined contribution plans	6g(1)	
g(complete this item,		·	6g(2)	
h	Number of participants who terminated employment during the plan year less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer p	olans complete this item)	7	
b	If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature code 4A 4B 4D 4E 4F 4H	les from the Lis	t of Plan Characteristics Codes	s in the ins	
9a	Plan funding arrangement (check all that apply)		nefit arrangement (check all tha	at apply)	
	(1) X Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	X Insurance Code section 412(e)(3)	insurance	contracts
	(3) Trust	(3)	Trust		
	(4) General assets of the sponsor	(4)	General assets of the sp	oonsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	ittached, and, w	here indicated, enter the numb	oer attache	ed. (See instructions)
а	Pension Schedules		I Schedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Information)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Information	Small P	lan)
	Purchase Plan Actuarial Information) - signed by the plan	(3)	X A (Insurance Information	n) – Numb	er Attached7
	actuary	(4)	X C (Service Provider Info	rmation)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	D (DFE/Participating Pla	an Informa	ition)

(6)

(4)

(5)

DCG (Individual Plan Information) – Number Attached _

MEP (Multiple-Employer Retirement Plan Information)

G (Financial Transaction Schedules)

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

Page 3

Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code______

Form 5500 (2023)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 202	23 or fiscal plan	n year beginning 10/01/2023		and en	iding 09/30/2024		
A Name of plan URBAN DOVE INC. HEA	ALTH AND WEI	LFARE BENEFIT PLAN			e-digit number (PN)	510	
				pian	Trainber (FTV)		
C Plan sponsor's name as	s shown on line	2a of Form 5500		D Emplo	yer Identification Number	(FIN)	
URBAN DOVE INC.					-3997718	(=114)	
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance car	rrier						
CIGNA HEALTH AND LIFE	E INSURANCE	COMPANY					
	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or o	ontract year	
(b) EIN	code	identification number	persons covered a policy or contrac		(f) From	(g) To	
59-1031071	67369	00633510	205	ı	10/01/2023	09/30/2024	
2 Insurance fee and commodescending order of the		ation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, brokers, and o	other persons in	
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid						
(1)		0		X-7		105489	
3 Persons receiving comm	missions and fe	ees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name a	nd address of the agent, broke	er, or other person to who	m commiss	ions or fees were paid		
CBIZ BENEFITS & INSUR	ANCE SRVC(C	DH) P. O	D. BOX 632886 CINNATI, OH 45263				
(b) Amount of sales an	nd base	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	e	(e) Organization code	
		75664	BENEFIT ADVISOR FEE	ES		3	
	(a) Nama ar	nd address of the agent, broke	or other person to who	m commiss	ione or foce were poid		
PROFESCIONAL CROUD			•		ions or rees were paid		
PROFESSIONAL GROUP	PLANS, INC		WIRELESS BLVD SUITE IPPAUGE, NY 11788	200			
(I.) A	dh	F	ees and other commission	ns paid			
(b) Amount of sales and base commissions paid (c) Amount			(d) Purpose		(e) Organization code		
		29825	SERVICE/GEN AGENT FEES & INCENTIVE COMPENSATION			3	
For Panerwork Reduction Act Notice, see the Instructions for Form 5500.							

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
		Food and other commissions paid	(0)				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
		Fees and other commissions paid	(e)				
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization				
commissions paid	(c) / illioant	(4) 1 41,5000	code				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
Fees and other commissions paid (e)							
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
commissions paid			couc				
())							
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid					
		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid					
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para					
(b) Amount of calca and base		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				

F	Part	II Investment and Annuity Contract Information				
		Where individual contracts are provided, the entire group of such individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranii		
		(3) ☐ guaranteed investment (4) ☐ other ▶				
	b	Balance at the end of the previous year			7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		1	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))			7d	0
	е	Deductions:	70(1)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)			
		(2) Administration charge made by carrier	7e(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

P	art	Welfare Benefit Contract Informa	tion						
	A1 C	If more than one contract covers the same of		e same en	olar	ver(s) or members of t	he same er	mployee organi	zations(s),
		the information may be combined for reporti							dividuaÌ
		employees, the entire group of such individu	al contracts with each ca	arrier may	be t	treated as a unit for pu	rposes of the	nis report.	
8	Ben	efit and contract type (check all applicable boxes)							
	a	Health (other than dental or vision)	b Dental	C	: 🗌	Vision		d Life insur	ance
	еĪ	Temporary disability (accident and sickness)	f Long-term disabili	tv C	ı ∐	Supplemental unemp	lovment	h Prescript	ion drug
	i [Stop loss (large deductible)	j HMO contract			PPO contract	noymon.		contract
	- L] [Tilvio contract		`⊔	FFO Contract			Contract
	m	Other (specify)							
^									
		erience-rated contracts:		00(4)				4	
		Premiums: (1) Amount received		9a(1)	-			4	
		(2) Increase (decrease) in amount due but unpaid			-			+	
		(3) Increase (decrease) in unearned premium reso					00/4)		0
		(4) Earned ((1) + (2) - (3))			<u>-</u>		9a(4)		
	b	Benefit charges (1) Claims paid(2) Increase (decrease) in claim reserves		_ 、 /				_	
							9b(3)		0
		(3) Incurred claims (add (1) and (2))					9b(4)		
	С	(4) Claims charged					35(4)		
	·	(A) Commissions		9c(1)(A				-	
		(B) Administrative service or other fees		9c(1)(B				_	
		(C) Other specific acquisition costs		9c(1)(C					
		(D) Other expenses		9c(1)(D	_				
		(E) Taxes		9c(1)(E	_				
		(F) Charges for risks or other contingencies		9c(1)(F	_			1	
		(G) Other retention charges						1	
		(H) Total retention		<u> </u>			9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These	_	-	_		9c(2)		
	d	Status of policyholder reserves at end of year: (1)		L			9d(1)		
	u	(2) Claim reserves	·				9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no					9e		
10	_	nexperience-rated contracts:			<u> </u>	<i>,</i>			
	а	Total premiums or subscription charges paid to ca	arrier				10a		1491382
	b	If the carrier, service, or other organization incurre							
	~	retention of the contract or policy, other than repo					10b		
	Spe	cify nature of costs.							
Pa	art l	IV Provision of Information							
11	Dic	the insurance company fail to provide any inform	ation necessary to comp	lete Sched	lule	A?	Yes	X No	
12	If t	he answer to line 11 is "Yes," specify the information	on not provided.						

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2	For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024						
A Name of plan				B Three-digit			
URBAN DOVE INC. HE	ALTH AND WE	LFARE BENEFIT PLAN			number (PN)	•	510
				, p			
C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (B							EIN)
URBAN DOVE INC.				13	-3997718		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information	:						
(a) Name of insurance c	arrier						
NEW YORK LIFE GROU	IP INSURANCE	COMPANY OF NEW YORK					
	1		T () A	. ,	D.F.		
(b) EIN (c) NAIC (d) Contract or persons covered			persons covered a		(f) From	y or cc	ontract year I
(6) 2.11	code	identification number	· •	policy or contract year			(g) To
13-2556568	64548	NYD0601104	159		10/01/2023		09/30/2024
10 200000	0.0.0	11120001101	100				03/30/2024
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in							
descending order of the amount paid.							
(a) Total	(a) Total amount of commissions paid (b) Total amount of fees paid						
	12349 1503						
3 Persons receiving cor	3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).						
<u> </u>		and address of the agent, broker			ions or fees were pa	id	
CBIZ BENEFITS & INSU		<u> </u>	OX 632886	11 00111111100	iono or rooc wore pa	<u></u>	
CDIZ BENEFITO & INSU	KANCL		INNATI, OH 45263				
			,				
(b) Amount of sales a	and base	Fe	es and other commissior	ns paid			
commissions p		(c) Amount		(d) Purpos	e		(e) Organization code
	10145						3
	(a) Nama a	nd address of the agent, broker	or other person to when	m commico	ione or food wore no	id	
DD OFFOOIONAL ODOLL		-	•		ions or rees were pa	lu	
PROFESSIONAL GROU	PPLANS		VIRELESS BLVD STE 20 PPAUGE, NY 11788	00			
		Tire	171002,111 11700				
(h) Amazzz (- ()	(h) Amount of calca and base Fees and other commissions paid						
(b) Amount of sales a commissions page 2		(c) Amount		(d) Purpos	e		(e) Organization code
23///////00/01/0 p	2204		GENERAL AGENCY FE	`			3
	2204	1303					3
For Panerwork Reducti	or Paperwork Reduction Act Notice see the Instructions for Form 5500 Schedule A (Form 5500) 2023						

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
		Food and other commissions paid	(0)				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
		Fees and other commissions paid	(e)				
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization				
commissions paid	(c) / illioant	(4) 1 41,5000	code				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
Fees and other commissions paid (e)							
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
commissions paid			couc				
())							
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid					
		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid					
(4)	no and addition of the agent, pronor	, or said, person, or memoralisms or rose note para					
(b) Amount of calca and base		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				

F	Part	II Investment and Annuity Contract Information				
		Where individual contracts are provided, the entire group of such individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranii		
		(3) ☐ guaranteed investment (4) ☐ other ▶				
	b	Balance at the end of the previous year			7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		1	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))			7d	0
	е	Deductions:	70/1)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)			
		(2) Administration charge made by carrier	7e(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

Ρ	art	III	Welfare Benefit Contract Information more than one contract covers the same the information may be combined for report employees, the entire group of such individual contract to the contract	group of employees of the ting purposes if such cor	tracts are expe	erience-rated as a uni	t. Where cor	ntracts cover individ	
8	Ben	efit ar	nd contract type (check all applicable boxes)						
	а	He	alth (other than dental or vision)	b Dental	С	Vision		d Life insurance	;
	е	Tei	mporary disability (accident and sickness)	f Long-term disabi	lity q	Supplemental unem	ployment	h Prescription d	rug
	i [op loss (large deductible)	j HMO contract		PPO contract	. ,	I Indemnity con	-
	m	X Otl	her (specify) STATUTORY DISABILITY	NY	_			_	
	L								
9	Ехре	erienc	e-rated contracts:						
	a I	Premi	ums: (1) Amount received		9a(1)			_	
		(2) In	crease (decrease) in amount due but unpaid	db	9a(2)				
		(3) In	crease (decrease) in unearned premium res	serve	9a(3)				
		(4) E	arned ((1) + (2) - (3))				. 9a(4)		0
	b	Bene	efit charges (1) Claims paid		9b(1)			_	
		(2) In	crease (decrease) in claim reserves		9b(2)		_		
		(3) In	curred claims (add (1) and (2))				9b(3)		0
		(4) C	laims charged				9b(4)		
	С	Rem	ainder of premium: (1) Retention charges (c	n an accrual basis)				_	
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)			_	
			F) Charges for risks or other contingencies.		9c(1)(F)			_	
		(G) Other retention charges		9c(1)(G)				
		,	H) Total retention	_	_		9c(1)(H)		0
		(2) D	Dividends or retroactive rate refunds. (These	amounts were paid	in cash, or 📗 o	credited.)	9c(2)		
	d	Statu	us of policyholder reserves at end of year: (1) Amount held to provide	e benefits after	retirement	9d(1)		
		(2) C	Claim reserves				9d(2)		
		` '	Other reserves				9d(3)		
	е	Divid	dends or retroactive rate refunds due. (Do n	ot include amount entere	ed in line 9c(2).	.)	9e		
10	No	nexpe	erience-rated contracts:						
	а	Tota	I premiums or subscription charges paid to o	carrier			10a		67631
	b		e carrier, service, or other organization incur				10b		
	Sne		ntion of the contract or policy, other than reparture of costs.	onted in Part I, line 2 abo	ive, report amo	ount	100		
P	art l	W	Provision of Information						
					alaka Ostradri	ла П	Voc T	X No	
			nsurance company fail to provide any inform		piete Schedule	A/	Yes	^ NO	
12	If t	he an	swer to line 11 is "Yes," specify the informat	ion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 202	23 or fiscal plan	year beginning 10/01/2023		and en	ding 09/30/2024	•	
A Name of plan				B Thre	e-digit		
URBAN DOVE INC. HEA	ALTH AND WE	FARE BENEFIT PLAN		plan	number (PN)	510	
C Plan sponsor's name a	s shown on line	2a of Form 5500		D Emplo	yer Identification Number	(EIN)	
URBAN DOVE INC.				13	-3997718		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance ca NEW YORK LIFE GROUP		COMPANY OF NEW YORK					
			(e) Approximate nu		Policy or	contract year	
(b) EIN	code	identification number	'	persons covered at end of policy or contract year		(g) To	
13-2556568	64548	NYK0700253	158		10/01/2023	09/30/2024	
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total a	amount of comm	nissions paid		(b) To	otal amount of fees paid		
		7259				860	
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	, or other person to whor	n commiss	ions or fees were paid		
CBIZ BENEFITS & INSUR	ANCE		OX 632886 INNATI, OH 45263				
(b) Amount of sales ar	nd hasa	Fee	es and other commissior	ns paid			
commissions pai		(c) Amount		(d) Purpos	е	(e) Organization code	
	5958					3	
	(a) Name a	nd address of the agent, broker,	or other person to whor	n commiss	ions or fees were paid		
PROFESSIONAL GROUP	•	225 W	VIRELESS BLVD STE 20 PPAUGE, NY 11788				
Fees and other commissions paid							
(b) Amount of sales and base commissions paid (c) Amount				(d) Purpos	e	(e) Organization code	
·	1301		GENERAL AGENCY FE	ES & OVE	RRIDES	3	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Schedule A (Form 5500) 2023 v. 230707							

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	T		T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	ı		.
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
• •	-		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(5) 7c(6) (7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(7c(4) 7c(6) (7c(7c(4) 7c(7c(4) 7c(7c(4) (7c(7c(4) 7c(•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other F				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

P	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individuals.	group of employees of th ing purposes if such con	tracts are expe	erience-rated as a uni	t. Where cor	ntracts cover ind	
8	Ben	efit aı	nd contract type (check all applicable boxes)						
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insura	nce
	e	Te	mporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h Prescription	n drug
	i [op loss (large deductible)	j HMO contract		PPO contract		I Indemnity	_
	m	Ot	her (specify)	_				_	
		_							
9	Ехре	erienc	ce-rated contracts:						
	а	⊃rem	iums: (1) Amount received		9a(1)				
		(2) Ir	ncrease (decrease) in amount due but unpaid	l	9a(2)				
		(3) Ir	ncrease (decrease) in unearned premium res	erve	9a(3)				
		(4) E	arned ((1) + (2) - (3))				. 9a(4)		0
	b	Ben	efit charges (1) Claims paid		9b(1)				
		(2) Ir	ncrease (decrease) in claim reserves		9b(2)		1		
		(3) Ir	ncurred claims (add (1) and (2))				9b(3)		0
		(4) C	claims charged				9b(4)		
	С	Rem	nainder of premium: (1) Retention charges (o	n an accrual basis)					
		((A) Commissions		9c(1)(A)				
		((B) Administrative service or other fees		9c(1)(B)				
		((C) Other specific acquisition costs		9c(1)(C)				
		((D) Other expenses		9c(1)(D)				
		((E) Taxes		9c(1)(E)				
			(F) Charges for risks or other contingencies		9c(1)(F)				
		((G) Other retention charges		9c(1)(G)		1		
			(H) Total retention	_	_		9c(1)(H)		0
		(2)	Dividends or retroactive rate refunds. (These	amounts were paid i	n cash, or 🔲 o	credited.)	9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)		
		(2)	Claim reserves				9d(2)		
		(3)	Other reserves				9d(3)		
	е		dends or retroactive rate refunds due. (Do no	ot include amount entere	d in line 9c(2).	.)	9e		
10	No	nexp	erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to c	arrier			10a		39717
	b		e carrier, service, or other organization incurr				106		
	Sna		ntion of the contract or policy, other than repo lature of costs.	orted in Part I, line 2 abo	ve, report amo	ount	10b		_
P	art l	V	Provision of Information						
				otion no concern to a	oloto Cobodula	. Да П	Yes	X No	
			insurance company fail to provide any inform		nete ocheaule	* A (103	<u> </u>	
12	If th	ne an	swer to line 11 is "Yes," specify the informati	on not provided. P					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2023 or fiscal plan year beginning

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

10/01/2023

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

09/30/2024

and ending

A Name of plan URBAN DOVE INC. HEA	Name of plan URBAN DOVE INC. HEALTH AND WELFARE BENEFIT PLAN					510	
				pian	number (PN)		
C Plan sponsor's name a URBAN DOVE INC.	s shown on line	2a of Form 5500		•	oyer Identification Number -3997718	(EIN)	
		ning Insurance Contraction Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance can NEW YORK LIFE GROUP		COMPANY OF NEW YORK					
41 FIN	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or o	ontract year	
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To	
13-2556568	64548	SGE600566	158		10/01/2023	09/30/2024	
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total amount of commissions paid (b) Total amount of fees paid							
		1311				229	
3 Persons receiving com	missions and fe	es. (Complete as many entrie	s as needed to report all p	persons).			
	(a) Name ar	nd address of the agent, broke	r, or other person to whon	n commiss	ions or fees were paid		
CBIZ BENEFITS & INSUR	ANCE		3OX 632886 CINNATI, OH 45263				
(b) Amount of sales an	nd base	F	ees and other commission	s paid			
commissions pai		(c) Amount		(d) Purpose	е	(e) Organization code	
	1137					3	
	(a) Name ar	nd address of the agent, broke	r, or other person to whon	n commiss	ions or fees were paid		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid PROFESSIONAL GROUP PLANS 225 WIRELESS BLVD STE 200 HAUPPAUGE, NC 11788							
(b) Amount of sales an	nd base	F	ees and other commission	s paid			
commissions pai		(c) Amount	((d) Purpose			
174 229 GENERAL AGENCY FEES & OVERRIDES					RRIDES	3	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Schedule A (Form 5500) 202						 dule A (Form 5500) 2023	

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	T		T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	ı		.
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
• •	-		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(5) 7c(6) (7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(7c(4) 7c(6) (7c(7c(4) 7c(7c(4) 7c(7c(4) (7c(7c(4) 7c(•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other F				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

Pa	art I	II	Welfare Benefit Contract Informal If more than one contract covers the same the information may be combined for report employees, the entire group of such individuals.	group of employees of the ing purposes if such cont	tracts are expe	erience-rated as a un	it. Where co	ontracts cover indiv	
8	Bene	efit a	nd contract type (check all applicable boxes)						
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insuran	ce
	еΓ	Te	emporary disability (accident and sickness)	f X Long-term disabili	ity g	Supplemental unem	ployment	h Prescription	ı drug
	iΓ		op loss (large deductible)	j HMO contract		PPO contract		I Indemnity c	-
	m	Ot	ther (specify)		_	1		ш .	
9 E	Expe	rieno	ce-rated contracts:						
			iums: (1) Amount received		9a(1)				
		(2) Ir	ncrease (decrease) in amount due but unpaid	1	9a(2)				
			ncrease (decrease) in unearned premium res		9a(3)				
		(4) E	Earned ((1) + (2) - (3))				9a(4)		0
	b	Ben	efit charges (1) Claims paid		9b(1)				
		(2) Ir	ncrease (decrease) in claim reserves		9b(2)				
		(3) Ir	ncurred claims (add (1) and (2))				9b(3)		0
		(4) C	Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (o	n an accrual basis)			•		
			(A) Commissions		9c(1)(A)				
			(B) Administrative service or other fees		9c(1)(B)				
			(C) Other specific acquisition costs		9c(1)(C)				
			(D) Other expenses		9c(1)(D)				
			(E) Taxes		9c(1)(E)			_	
			(F) Charges for risks or other contingencies		9c(1)(F)				
			(G) Other retention charges		9c(1)(G)		1		
			(H) Total retention	_	_		9c(1)(H)		0
		(2) [Dividends or retroactive rate refunds. (These	amounts were paid ir	n cash, or 📗	credited.)	9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)		
		(2) (Claim reserves				9d(2)		
		(3) (Other reserves				9d(3)		
			dends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)	.)	9e		
10	No	nexp	erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to o	arrier			10a		7580
	b		e carrier, service, or other organization incurrention of the contract or policy, other than repo				10b		
;	Spe		nature of costs.		, , op 5. t a				
Pa	rt I	٧	Provision of Information						
			insurance company fail to provide any inform	ation necessary to comp	lete Schedule	Α?	Yes	X No	
			nswer to line 11 is "Yes," specify the informati		ioto Coricadio		1		
14	ıı tf	ic al	iswer to line i ris i tes, specily the informati	on not provided. 🔻					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2023 or fiscal plan year beginning

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

10/01/2023

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

and ending

09/30/2024

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

URBAN DOVE INC. HE	Name of plan URBAN DOVE INC. HEALTH AND WELFARE BENEFIT PLAN					•	510
				-			
C Plan sponsor's name a URBAN DOVE INC.	s shown on line	e 2a of Form 5500			yer Identification I -3997718	Number (EIN)
		rning Insurance Contract Individual contracts grouped a					
1 Coverage Information:		<u> </u>			<u> </u>		
(a) Name of insurance ca NEW YORK LIFE GROUP		COMPANY OF NEW YORK					
(c) NAIO		(d) Contract or	(e) Approximate nu		Po	olicy or co	ntract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f) From	1	(g) To
13-2556568	64548	SGN0600906	224		10/01/2023		09/30/2024
2 Insurance fee and come descending order of the		ation. Enter the total fees and to	tal commissions paid. Li	st in line 3	the agents, broke	rs, and ot	her persons in
(a) Total amount of commissions paid			(b) To	otal amount of fees	s paid		
		1851					231
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broker	, or other person to whor	n commiss	ions or fees were	paid	
CBIZ BENEFITS & INSUR	ANCE		OX 632886 INNATI, OH 45263				
(b) Amount of sales ar	nd hase	Fe	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
	1528						3
	(a) Name a	and address of the agent, broker	or other person to who	n commiss	ions or fees were	paid	
PROFESSIONAL GROUP		225 V	VIRELESS BLVD STE 20 PPAUGE, NY 11788				
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid			
commissions paid (c) Amount			(d) Purpose				(e) Organization code
	323	231	GENERAL AGENCY FE	ES & OVE	RRIDES		3
For Paperwork Reductio	n Act Notice,	see the Instructions for Form	5500.			Sched	ule A (Form 5500) 2023 v. 230707

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	T		T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	ı		.
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
• •	-		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(5) 7c(6) (7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(7c(4) 7c(6) (7c(7c(4) 7c(7c(4) 7c(7c(4) (7c(7c(4) 7c(•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other F				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

P	art l				(2) 24 42 44 44 44			-:ti(-)
		If more than one contract covers the same g the information may be combined for reporting employees, the entire group of such individu	ng purposes if such con	tracts are expe	erience-rated as a unit	. Where con	tracts cover	
8	Bene	nefit and contract type (check all applicable boxes)	_		_		_	
	а	Health (other than dental or vision)	b Dental	С	Vision	C	d X Life ins	urance
	е	Temporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unemp	oloyment ľ	n Prescri	ption drug
	ιĖ	Stop loss (large deductible)	j HMO contract	- =	PPO contract	·	I ☐ Indemn	ity contract
	m [Other (specify) VOLUNTARY TERM LIFE	, []e seası		1		- L	ny commune
	L							
9	Ехре	erience-rated contracts:						
	a i	Premiums: (1) Amount received		9a(1)			Ì	
		(2) Increase (decrease) in amount due but unpaid.		9a(2)			ĺ	
		(3) Increase (decrease) in unearned premium rese		9a(3)				
		(4) Earned ((1) + (2) - (3))				9a(4)		0
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)				ļ	
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)			<u> </u>	
		(F) Charges for risks or other contingencies		9c(1)(F) 9c(1)(G)				
		(G) Other retention charges				0o/1\/U\		0
		(H) Total retention	_	_		9c(1)(H)		
	_1	(2) Dividends or retroactive rate refunds. (These	<u>—</u>	_		9c(2)		
	d	Status of policyholder reserves at end of year: (1)	·			9d(1)		
		(2) Other reserves				9d(2)		
	е	(3) Other reserves				9d(3) 9e		
10		onexperience-rated contracts:	. include amount entere	u III IIIIe 90(2).	.)	96		
		Total premiums or subscription charges paid to ca	rrior			10a		10188
						100		10100
	b	If the carrier, service, or other organization incurre retention of the contract or policy, other than report				10b		
	Spe	ecify nature of costs.						
Pa	art I	IV Provision of Information						
11	Dic	d the insurance company fail to provide any informa	tion necessary to comp	lete Schedule	A?	Yes	No	
		the answer to line 11 is "Yes," specify the information			<u> </u>			

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2023 or fiscal plan year beginning

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

and ending

09/30/2024

10/01/2023

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

A Name of plan URBAN DOVE INC. HEA	ALTH AND WE	LFARE BENEFIT PLAN		B Thre plan	e-digit number (PN)	510			
				,					
C Plan sponsor's name a URBAN DOVE INC.	s shown on line	e 2a of Form 5500			oyer Identification Number 3-3997718	(EIN)			
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.								
1 Coverage Information:									
(a) Name of insurance ca NEW YORK LIFE GROUP		COMPANY OF NEW YORK							
4 > EIN	(c) NAIC	(d) Contract or	(e) Approximate nun		Policy or c	ontract year			
(b) EIN	code	identification number	persons covered at o		(f) From	(g) To			
13-2556568	64548	SYK600518	224		10/01/2023	09/30/2024			
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.									
(a) Total amount of commissions paid				(b) To	otal amount of fees paid				
	506 62								
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all pe	ersons).					
	(a) Name a	nd address of the agent, broker	, or other person to whom	commiss	ions or fees were paid				
CBIZ BENEFITS & INSUR	ANCE		OX 632886 INNATI, OH 45263						
(b) Amount of sales ar	nd hasa	Fe	es and other commissions	s paid					
commissions pai		(c) Amount	(d) Purpose			(e) Organization code			
	416					3			
	(a) Name a	nd address of the agent, broker	or other person to whom	commiss	ions or fees were paid				
PROFESSIONAL GROUP		225 V	VIRELESS BLVD STE 200 PPAUGE, NY 11788						
(b) Amount of sales ar	nd hase	Fe	es and other commissions	s paid_					
commissions paid (c) Amount			(d) Purpose			(e) Organization code			
	90	62	GENERAL AGENCY FEE	S & OVE	RRIDES	3			
For Paperwork Reductio	n Act Notice, s	see the Instructions for Form	5500.		Sche	dule A (Form 5500) 2023 v. 230707			

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	T		T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	ı		.
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
• •	-		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(5) 7c(6) (7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(7c(4) 7c(6) (7c(7c(4) 7c(7c(4) 7c(7c(4) (7c(7c(4) 7c(•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other F				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

P	art	III Welfare Benefit Contract Informa	tion					
		If more than one contract covers the same g the information may be combined for reporting employees, the entire group of such individu	ng purposes if such cont	tracts are expe	erience-rated as a uni	t. Where con	tracts cover individual	
R	Ron	nefit and contract type (check all applicable boxes)	ar contracts with each of	unioi may bo	treated as a armit for p	u1p0000 01 till	о торота	
•	a 「	Health (other than dental or vision)	b Dental	٦	Vision	,	Life insurance	
	L		블		1 7			
	e [Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	ployment r	Prescription drug	
	i	Stop loss (large deductible)	j HMO contract	k _	PPO contract		Indemnity contract	
	m	X Other (specify) ▶ ADD						
	_							
9	Ехрє	erience-rated contracts:						
	a I	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid.		9a(2)				
		(3) Increase (decrease) in unearned premium rese	rve	9a(3)		1		
	_	(4) Earned ((1) + (2) - (3))				. 9a(4)	0	
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves				21.42		
		(3) Incurred claims (add (1) and (2))				9b(3)	0	
	_	(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on	•	0-(4)(A)				
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B) 9c(1)(C)				
		(C) Other specific acquisition costs(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges						
		(H) Total retention				9c(1)(H)	0	
		(2) Dividends or retroactive rate refunds. (These	_			9c(2)		
	d	Status of policyholder reserves at end of year: (1)	_	_		9d(1)		
	-	(2) Claim reserves	•			9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no				9e		
10		onexperience-rated contracts:				•		
	а	Total premiums or subscription charges paid to ca	rrier			10a	2776	
	b	If the carrier, service, or other organization incurre	d any specific costs in o	connection with	h the acquisition or			
	_	retention of the contract or policy, other than repo	rted in Part I, line 2 abov	/e, report amo	ount	10b		
	Spe	ecify nature of costs.						
D	- P4	IV Provision of Information						
	art						1 No.	
		d the insurance company fail to provide any informa		lete Schedule	A?	Yes	No	
12	lf tl	the answer to line 11 is "Yes," specify the information	n not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2023

Pension benefit Guarant	y Corporation	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This Form is Open to Public Inspection		
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024								
A Name of plan URBAN DOVE INC. I	HEALTH AND W	/ELFARE BENEFIT PLAN			ee-digit n number (PN) •	510	
C Plan sponsor's nam URBAN DOVE INC.	e as shown on I	ine 2a of Form 5500			oyer Identifica 3-3997718	ation Numbe	r (EIN)	
		erning Insurance Contract A. Individual contracts grouped as						
1 Coverage Information	n:							
(a) Name of insurance CIGNA HEALTH AND		CE COMPANY			1			
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nur persons covered at policy or contract	end of	(f)	Policy or From	contract year (g) To	
59-1031071	67369	0633510	163		10/01/2023	3	09/30/2024	
2 Insurance fee and condescending order of		mation. Enter the total fees and total.	al commissions paid. Lis	t in line 3	the agents, b	orokers, and	other persons in	
	al amount of co			(b) T	otal amount o	of fees paid		
(*)		11548		(,			5774	
3 Persons receiving c	ommissions and	fees. (Complete as many entries	as needed to report all p	ersons).				
• · · · · · · · · · · · · · · · · · · ·		and address of the agent, broker,			sions or fees v	were paid		
CBIZ BENEFITS & INS		PO BC	DX 632886 NNATI, OH 45263					
(b) Amount of sales	and hase	Fee	s and other commissions	s paid				
commissions		(c) Amount	(d) Purpose			(e) Organization code		
11548							3	
	(a) Name	and address of the agent, broker,	or other person to whom	commiss	sions or fees v	were paid		
PROFESSIONAL GROUP PLAN 225 WIRELESS BLVD SUITE 200 HAUPPAUGE, NY 11788								
(b) Amount of sales and base Fees and other commissions paid								
commissions		(c) Amount	(0	(d) Purpose			(e) Organization code	
		5774 G	ENERAL AGENT PAYM	IENTS			3	

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	T		T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	ı		.
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
• •	-		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(5) 7c(6) (7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(7c(4) 7c(6) (7c(7c(4) 7c(7c(4) 7c(7c(4) (7c(7c(4) 7c(•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other F				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

Part III Welfare Benefit Contract Information If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.							
8 Benefit and contract type (check all applicable boxes)		_		_			
a ☐ Health (other than dental or vision) b ☒ Dental	CX	Vision		d Life insurance			
e ☐ Temporary disability (accident and sickness) f ☐ Long-term disabi	ility g	Supplemental unem	ployment	h Prescription drug			
i Stop loss (large deductible) j HMO contract	k	PPO contract		I X Indemnity contract			
m ☐ Other (specify)		1					
9 Experience-rated contracts:							
a Premiums: (1) Amount received	9a(1)						
(2) Increase (decrease) in amount due but unpaid							
(3) Increase (decrease) in unearned premium reserve							
(4) Earned ((1) + (2) - (3))			. 9a(4)	0			
b Benefit charges (1) Claims paid							
(2) Increase (decrease) in claim reserves							
(3) Incurred claims (add (1) and (2))			9b(3)	0			
(4) Claims charged			9b(4)				
C Remainder of premium: (1) Retention charges (on an accrual basis)							
(A) Commissions	9c(1)(A)						
(B) Administrative service or other fees							
(C) Other specific acquisition costs	0 (4)(0)						
(D) Other expenses	- (1)(-)						
(E) Taxes	0. (4)(5)						
(F) Charges for risks or other contingencies	0 (4)(5)						
(G) Other retention charges							
(H) Total retention			9c(1)(H)	0			
(2) Dividends or retroactive rate refunds. (These amounts were paid							
	_		9c(2)				
d Status of policyholder reserves at end of year: (1) Amount held to provide			9d(1)				
(2) Claim reserves			9d(2)				
(3) Other reserves			9d(3)				
Dividends or retroactive rate refunds due. (Do not include amount entered	ed in line 9c(2) .	.)	9e				
10 Nonexperience-rated contracts:			40				
Total premiums or subscription charges paid to carrier			10a	116558			
b If the carrier, service, or other organization incurred any specific costs in retention of the contract or policy, other than reported in Part I, line 2 about 10 costs and 10 costs.			10b				
Specify nature of costs.							
Part IV Provision of Information							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Service Provider Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023	and ending 09/30/2024					
A Name of plan	B Three-digit					
URBAN DOVE INC. HEALTH AND WELFARE BENEFIT PLAN	plan number (PN)	510				
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)				
URBAN DOVE INC.	13-3997718					
Part I Service Provider Information (see instructions)						
You must complete this Part, in accordance with the instructions, to report the information requ\$5,000 or more in total compensation (i.e., money or anything else of monetary value) in conn position with the plan during the plan year. If a person received only eligible indirect compens you are required to answer line 1 but are not required to include that person when completing	ection with services rendered to the pleation for which the plan received the r	an or the person's				
1 Information on Persons Receiving Only Eligible Indirect Compensation	n					
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this	Part because they received only eligib					
indirect compensation for which the plan received the required disclosures (see instructions fo No	r definitions and conditions)	Yes X				
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the received only eligible indirect compensation. Complete as many entries as needed (see instru		providers who				
(b) Enter name and EIN or address of person who provided you disclos	ures on eligible indirect compensation					
(b) Enter name and EIN or address of person who provided you disclos	ures on eligible indirect compensation					
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation						
, , , , , , , , , , , , , , , , , , , ,	3					
(b) Enter name and EIN or address of person who provided you disclos	ures on eligible indirect compensation					

Schedule C (Form 5500) 2023	Pag	e 2- 1
(h) Enter name and EIN (or address of person who provided you disc	closures on eligible indirect compensation
(b) Enter hame and Envi	n address of person who provided you disc	sidestics of engine maired compensation
(b) Enter name and EIN	or address of person who provided you disc	closures on eligible indirect compensation
(b) Enter name and EIN	or address of person who provided you disc	closures on eligible indirect compensation
(h) Enter name and FIN (or address of person who provided you disc	Placures on eligible indirect compensation
(b) Litter flame and Life	ir address or person who provided you disc	nosures on engible muneci compensation
(b) Enter name and EIN	or address of person who provided you disc	closures on eligible indirect compensation
(b) Enter name and EIN	or address of person who provided you disc	closures on eligible indirect compensation
(b) Enter name and EIN	or address of person who provided you disc	closures on eligible indirect compensation
(0) =		
(b) Enter name and EIN	or address of person who provided you disc	closures on eligible indirect compensation

Page	3	-	1	1

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)		
CIGNA HE	EALTH AND LIFE INS	URANCE COM				
59-103107	1					
(b) Service Code(s)	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	ADMINISTRATION FEES	74569	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	(d) Enter direct compensation paid by the plan. If none,	(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	(g) Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you a formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect	an amount or estimated amount?
			Yes No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	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?	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 compensatio or provides contract administrator, consulting, custodial, investment advisory, investment manage questions for (a) each source from whom the service provider received \$1,000 or more in indirect provider gave you a formula used to determine the indirect compensation instead of an amount or many entries as needed to report the required information for each source.	ment, broker, or recordkeepin compensation and (b) each so	g services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	(GGG Methadilerie)	Somponeation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility 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	formula used to determine	compensation, including any the service provider's eligibility 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	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.

Pa	rt II Service Providers Who Fail or Refuse to	Provide Infori	mation			
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			

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(complete as many entries as needed)	L
Name:	b EIN:
Position:	e Telephone:
d Address:	е теверлопе.
xplanation:	
Name:	b ein:
Position:	
Address:	e Telephone:
xplanation:	
	1.
Name:	b EIN:
Position: Address:	e Telephone:
d Address:	
xplanation:	
Name:	b EIN:
Position:	D EIN.
C Position: d Address:	e Telephone:
xplanation:	
	1.
Name:	b EIN:
Position:	O Talanhara
Address:	e Telephone: