

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> <p>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).</p> <p style="text-align: center;">► Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089  <b>2024</b>  <b>This Form is Open to Public Inspection</b>																
<b>Part I</b> <b>Annual Report Identification Information</b>																		
For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>																		
<b>A</b> This return/report is for: <table style="width: 100%; border: none;"> <tr> <td style="width: 5%;"><input type="checkbox"/></td> <td>a multiemployer plan</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>a single-employer plan</td> <td><input type="checkbox"/></td> <td>a DFE (specify) _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>the first return/report</td> <td><input type="checkbox"/></td> <td>the final return/report</td> </tr> <tr> <td><input type="checkbox"/></td> <td>an amended return/report</td> <td><input type="checkbox"/></td> <td>a short plan year return/report (less than 12 months)</td> </tr> </table>			<input type="checkbox"/>	a multiemployer plan	<input type="checkbox"/>	a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	<input checked="" type="checkbox"/>	a single-employer plan	<input type="checkbox"/>	a DFE (specify) _____	<input type="checkbox"/>	the first return/report	<input type="checkbox"/>	the final return/report	<input type="checkbox"/>	an amended return/report	<input type="checkbox"/>	a short plan year return/report (less than 12 months)
<input type="checkbox"/>	a multiemployer plan	<input type="checkbox"/>	a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)															
<input checked="" type="checkbox"/>	a single-employer plan	<input type="checkbox"/>	a DFE (specify) _____															
<input type="checkbox"/>	the first return/report	<input type="checkbox"/>	the final return/report															
<input type="checkbox"/>	an amended return/report	<input type="checkbox"/>	a short plan year return/report (less than 12 months)															
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . . <span style="float: right;">► <input type="checkbox"/></span>																		
<b>D</b> Check box if filing under: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> Form 5558</td> <td style="width: 33%;"><input type="checkbox"/> automatic extension</td> <td style="width: 33%;"><input type="checkbox"/> the DFVC program</td> </tr> <tr> <td><input type="checkbox"/></td> <td>special extension (enter description)</td> <td></td> </tr> </table>			<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	<input type="checkbox"/>	special extension (enter description)											
<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program																
<input type="checkbox"/>	special extension (enter description)																	
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . <span style="float: right;">► <input type="checkbox"/></span>																		
<b>Part II</b> <b>Basic Plan Information</b> —enter all requested information																		
<b>1a</b> Name of plan <b>INSPERITY 401K PLAN</b>		<b>1b</b> Three-digit plan number (PN) <span style="float: right;">► <b>001</b></span>  <b>1c</b> Effective date of plan <b>04/01/1986</b>																
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>INSPERITY HOLDINGS, INC.</b>		<b>2b</b> Employer Identification Number (EIN) <b>76-0178498</b>																
		<b>2c</b> Plan Sponsor's telephone number <b>866-639-0017</b>																
		<b>2d</b> Business code (see instructions) <b>541990</b>																
<b>19001 CRESCENT SPRINGS DRIVE</b> <b>KINGWOOD, TX 77339-3802</b>																		

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	JAMES ALLISON
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

## Form 5500 (2024)

v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  <b>INSPERITY BENEFITS PLAN COMMITTEE</b>  19001 CRESCENT SPRINGS DRIVE KINGWOOD, TX 77339		3b Administrator's EIN  <b>32-0611689</b>
		3c Administrator's telephone number  <b>866-639-0017</b>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:  a Sponsor's name c Plan Name		4b EIN  4d PN
5 Total number of participants at the beginning of the plan year		5 <b>229666</b>
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).  a(1) Total number of active participants at the beginning of the plan year .....		6a(1) <b>177779</b>
a(2) Total number of active participants at the end of the plan year .....		6a(2) <b>177974</b>
b Retired or separated participants receiving benefits.....		6b <b>2367</b>
c Other retired or separated participants entitled to future benefits .....		6c <b>51309</b>
d Subtotal. Add lines 6a(2), 6b, and 6c.....		6d <b>231650</b>
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....		6e <b>262</b>
f Total. Add lines 6d and 6e.....		6f <b>231912</b>
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....		6g(1) <b>157026</b>
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....		6g(2) <b>162096</b>
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h <b>0</b>
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....		7 <b>7</b>

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**2E 2F 2G 2J 2K 2T 3B 3H**

8b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

**SCHEDULE A**  
**(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

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

<b>A</b> Name of plan <b>INSPERITY 401K PLAN</b>	<b>B</b> Three-digit plan number (PN) ► <b>001</b>
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<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INSPERITY HOLDINGS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>76-0178498</b>
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**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 carrier

**NEW YORK LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5582869</b>	<b>66915</b>	<b>GA32116</b>	<b>162096</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

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

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

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

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

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

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

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

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

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

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

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	<b>(c)</b> Amount	<b>(d)</b> Purpose		

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	<b>(c)</b> Amount	<b>(d)</b> Purpose		

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

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

<b>Part II Investment and Annuity Contract Information</b>		
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	309664270
<b>6</b> Contracts With Allocated Funds:		
<b>a</b> State the basis of premium rates ►		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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.....	<b>6d</b>	
Specify nature of costs ►		
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
<b>7</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
(2) Dividends and credits.....	<b>7c(2)</b>	
(3) Interest credited during the year.....	<b>7c(3)</b>	
(4) Transferred from separate account .....	<b>7c(4)</b>	
(5) Other (specify below).....	<b>7c(5)</b>	
►		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines 7b and 7c(6)).	<b>7d</b>	
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
(2) Administration charge made by carrier.....	<b>7e(2)</b>	
(3) Transferred to separate account .....	<b>7e(3)</b>	
(4) Other (specify below).....	<b>7e(4)</b>	
►		
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line 7e(5) from line 7d)	<b>7f</b>	

**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)**

<b>a</b> <input type="checkbox"/> Health (other than dental or vision)	<b>b</b> <input type="checkbox"/> Dental	<b>c</b> <input type="checkbox"/> Vision	<b>d</b> <input type="checkbox"/> Life insurance
<b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness)	<b>f</b> <input type="checkbox"/> Long-term disability	<b>g</b> <input type="checkbox"/> Supplemental unemployment	<b>h</b> <input type="checkbox"/> Prescription drug
<b>i</b> <input type="checkbox"/> Stop loss (large deductible)	<b>j</b> <input type="checkbox"/> HMO contract	<b>k</b> <input type="checkbox"/> PPO contract	<b>l</b> <input type="checkbox"/> Indemnity contract
<b>m</b> <input type="checkbox"/> Other (specify) ►			

**9 Experience-rated contracts:**

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves.....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
(4) Claims charged.....		<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes.....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
(G) Other retention charges.....	<b>9c(1)(G)</b>	
(H) Total retention.....		<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
(2) Claim reserves .....		<b>9d(2)</b>
(3) Other reserves .....		<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line <b>9c(2)</b> .).....		<b>9e</b>
<b>10 Nonexperience-rated contracts:</b>		
<b>a</b> Total premiums or subscription charges paid to carrier.....		<b>10a</b>
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....		<b>10b</b>

Specify nature of costs.

**Part IV****Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....

Yes

No

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

**SCHEDULE C  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Service Provider Information**

OMB No. 1210-0110

**2024****This Form is Open to Public  
Inspection.**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024**and ending **12/31/2024****A** Name of plan**INSPERITY 401K PLAN****B** Three-digit  
plan number (PN)**001****C** Plan sponsor's name as shown on line 2a of Form 5500**INSPERITY HOLDINGS, INC.****D** Employer Identification Number (EIN)**76-0178498****Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

INSPERITY RETIREMENT SERVICES

19001 CRESCENT SPRINGS DRIVE  
KINGWOOD, TX 77339

56-2375265

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
13 15 36 37 38 50 64 65	RECORDKEEPER	7682003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

240 GREENWICH STREET  
NEW YORK, NY 10286

25-1926855

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
19 25 50 21	TRUSTEE	981308	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

GOLDMAN SACHS ASSET MANAGEMENT, L.P.

20 GLOVER AVENUE  
NORWALK, CT 06850

13-3575636

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	INVESTMENT ADVISOR	425000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

PRONVEST INC DBA FUTURE CAPITAL

1203 CARTER STREET  
CHATTANOOGA, TN 37042

62-1823351

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
26 50	INVESTMENT ADVISOR	224975	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUCK GLOBAL LLC

420 LEXINGTON AVE  
NEW YORK, NY 10170

83-1116912

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70	CONSULTANT	78250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERNST &amp; YOUNG

200 PLAZA DRIVE  
SECAUCUS, NJ 07094

34-6565596

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	65919	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
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<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:
Explanation:	

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:
Explanation:	

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:
Explanation:	

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:
Explanation:	

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:
Explanation:	

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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

<b>A</b> Name of plan <b>INSPERITY 401K PLAN</b>	<b>B</b> Three-digit plan number (PN) ► <b>001</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>INSPERITY HOLDINGS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>76-0178498</b>

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA S&P 500 INDEX FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

<b>c</b> EIN-PN <b>90-0337987-388</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>1595436032</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2035 FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

<b>c</b> EIN-PN <b>90-0337987-484</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>666438781</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2030 FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

<b>c</b> EIN-PN <b>90-0337987-483</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>590520988</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2040 FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

<b>c</b> EIN-PN <b>90-0337987-485</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>636113346</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2025 FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

<b>c</b> EIN-PN <b>90-0337987-482</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>391871563</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2045 FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

<b>c</b> EIN-PN <b>90-0337987-486</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>675651685</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA TARGET RETIREMENT 2050 FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

<b>c</b> EIN-PN <b>90-0337987-487</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>616547799</b>
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule D (Form 5500) 2024  
v. 240311

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SSGA TARGET RETIREMENT 2055 FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>			
<b>c</b> EIN-PN <b>90-0337987-488</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>463137228</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SSGA TARGET RETIREMENT 2020 FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>			
<b>c</b> EIN-PN <b>90-0337987-481</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>120277709</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>METWEST TOTAL RETURN BOND CLASS C</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>METROPOLITAN WEST</b>			
<b>c</b> EIN-PN <b>26-3015340-030</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>98938191</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SSGA TARGET RETIREMENT INCOME FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>			
<b>c</b> EIN-PN <b>90-0337987-479</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>94692170</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SSGA TARGET RETIREMENT 2060 FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>			
<b>c</b> EIN-PN <b>90-0337987-489</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>255506414</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SSGA RUSSELL SMALL/MID CAP INDEX</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>			
<b>c</b> EIN-PN <b>90-0337987-461</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>135852200</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SSGA GLOBAL ALL CAP EQ EX US INDEX</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>			
<b>c</b> EIN-PN <b>90-0337987-456</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>92040491</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SSGA U.S. BOND INDEX FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>			
<b>c</b> EIN-PN <b>90-0337987-495</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>72247625</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SSGA TARGET RETIREMENT 2065 FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>			
<b>c</b> EIN-PN <b>32-6528132-048</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>75053952</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NY LIFE INS CO ANCHOR ACCOUNT FUND</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>NEW YORK LIFE INSURANCE COMPANY</b>			
<b>c</b> EIN-PN <b>13-5582869-125</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>309664270</b>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE BLUE CHIP GROWTH CLASS T7**

**b** Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

<b>c</b> EIN-PN <b>80-0470272-004</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>730173853</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

**SCHEDULE H**  
**(Form 5500)**

Department of the Treasury

Internal Revenue Service

Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

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

**A** Name of plan

**INSPERITY 401K PLAN**

**B** Three-digit

plan number (PN)



**001**

**C** Plan sponsor's name as shown on line 2a of Form 5500

**INSPERITY HOLDINGS, INC.**

**D** Employer Identification Number (EIN)

**76-0178498**

**Part I Asset and Liability Statement**

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	<b>4046252</b>
<b>b</b> Receivables (less allowance for doubtful accounts):		
(1) Employer contributions .....	<b>1b(1)</b>	<b>25983215</b>
(2) Participant contributions.....	<b>1b(2)</b>	<b>23761461</b>
(3) Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
(2) U.S. Government securities .....	<b>1c(2)</b>	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred .....	<b>1c(3)(A)</b>	
(B) All other.....	<b>1c(3)(B)</b>	
(4) Corporate stocks (other than employer securities):		
(A) Preferred .....	<b>1c(4)(A)</b>	
(B) Common .....	<b>1c(4)(B)</b>	
(5) Partnership/joint venture interests .....	<b>1c(5)</b>	
(6) Real estate (other than employer real property) .....	<b>1c(6)</b>	
(7) Loans (other than to participants).....	<b>1c(7)</b>	
(8) Participant loans .....	<b>1c(8)</b>	<b>105399977</b>
(9) Value of interest in common/collective trusts .....	<b>1c(9)</b>	<b>6095504476</b>
(10) Value of interest in pooled separate accounts .....	<b>1c(10)</b>	<b>345568585</b>
(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
(12) Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
(13) Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	<b>1532409186</b>
(14) Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
(15) Other.....	<b>1c(15)</b>	

	(a) Beginning of Year	(b) End of Year
<b>1d</b> Employer-related investments:		
(1) Employer securities.....	<b>1d(1)</b>	
(2) Employer real property.....	<b>1d(2)</b>	
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>	
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	<b>8132673152</b>
<b>Liabilities</b>		
<b>g</b> Benefit claims payable .....	<b>1g</b>	
<b>h</b> Operating payables .....	<b>1h</b>	<b>4146802</b>
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	
<b>j</b> Other liabilities.....	<b>1j</b>	<b>4867701</b>
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	<b>9014503</b>
<b>Net Assets</b>		
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	<b>8123658649</b>
		<b>9384810337</b>

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income	(a) Amount	(b) Total
<b>a Contributions:</b>		
(1) Received or receivable in cash from: (A) Employers .....	<b>2a(1)(A)</b>	<b>433724830</b>
(B) Participants .....	<b>2a(1)(B)</b>	<b>1009920528</b>
(C) Others (including rollovers).....	<b>2a(1)(C)</b>	<b>233993618</b>
(2) Noncash contributions.....	<b>2a(2)</b>	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	<b>2a(3)</b>	<b>1677638976</b>
<b>b Earnings on investments:</b>		
(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	<b>1177938</b>
(B) U.S. Government securities .....	<b>2b(1)(B)</b>	
(C) Corporate debt instruments .....	<b>2b(1)(C)</b>	
(D) Loans (other than to participants) .....	<b>2b(1)(D)</b>	
(E) Participant loans .....	<b>2b(1)(E)</b>	<b>8145479</b>
(F) Other .....	<b>2b(1)(F)</b>	
(G) Total interest. Add lines 2b(1)(A) through (F).....	<b>2b(1)(G)</b>	<b>9323417</b>
(2) Dividends: (A) Preferred stock.....	<b>2b(2)(A)</b>	
(B) Common stock .....	<b>2b(2)(B)</b>	
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	<b>2b(2)(D)</b>	
(3) Rents .....	<b>2b(3)</b>	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....	<b>2b(4)(A)</b>	
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	<b>2b(4)(C)</b>	
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....	<b>2b(5)(A)</b>	
(B) Other .....	<b>2b(5)(B)</b>	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	<b>2b(5)(C)</b>	

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....		959785220
(7) Net investment gain (loss) from pooled separate accounts.....		11510728
(8) Net investment gain (loss) from master trust investment accounts .....		
(9) Net investment gain (loss) from 103-12 investment entities .....		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....		159929875
<b>c</b> Other income .....	<b>2c</b>	182402
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>	2818370618

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1069059889
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	
(3) Other.....	<b>2e(3)</b>	
(4) Total benefit payments. Add lines <b>2e(1)</b> through (3) .....	<b>2e(4)</b>	1069059889
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>	5311794
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>	15363696
<b>h</b> Interest expense.....	<b>2h</b>	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	<b>2i(1)</b>	
(2) Contract administrator fees .....	<b>2i(2)</b>	7682003
(3) Recordkeeping fees .....	<b>2i(3)</b>	
(4) IQPA audit fees .....	<b>2i(4)</b>	65919
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	649975
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	981308
(7) Actuarial fees .....	<b>2i(7)</b>	
(8) Legal fees .....	<b>2i(8)</b>	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	
(11) Other expenses.....	<b>2i(11)</b>	78250
(12) Total administrative expenses. Add lines <b>2i(1)</b> through (11) .....	<b>2i(12)</b>	9457455
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>	1099192834

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>	1719177784
<b>l</b> Transfers of assets:		
(1) To this plan.....	<b>2l(1)</b>	586553280
(2) From this plan .....	<b>2l(2)</b>	1044579376

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: CROWE LLP

(2) EIN: 35-0921680

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

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

**Part IV Compliance Questions**

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....

d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....

e Was this plan covered by a fidelity bond? .....

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....

g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....

h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....

l Has the plan failed to provide any benefit when due under the plan?.....

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....

n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....

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

	Yes	No	Amount
4a		<input checked="" type="checkbox"/>	
4b		<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>	
4d		<input checked="" type="checkbox"/>	
4e	<input checked="" type="checkbox"/>		5000000
4f		<input checked="" type="checkbox"/>	
4g		<input checked="" type="checkbox"/>	
4h		<input checked="" type="checkbox"/>	
4i	<input checked="" type="checkbox"/>		
4j		<input checked="" type="checkbox"/>	
4k		<input checked="" type="checkbox"/>	
4l		<input checked="" type="checkbox"/>	
4m	<input checked="" type="checkbox"/>		
4n	<input checked="" type="checkbox"/>		

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
605 VISION P.C. 401(K) PLAN	81-1898400	001
9THWONDER 401(K) PLAN	74-2113531	002
A10 ASSOCIATES LLC	45-2178775	002
ACCELERATE LEARNING INC RETIREMENT PLAN	46-4015703	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ACCORDION PARTNERS 401(K) PLAN	26-4029427	001
ACNA 401(K) PLAN	20-5071465	002
ACT ONE HEALTH 401K PLAN, VOYA PLAN	83-1128342	001
ACUTATA LLC	87-1603316	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ADAMS KEEGAN RETIREMENT SAVINGS PLAN	62-1311326	333
ADELPHI BANK 401(K) PLAN	88-3266243	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
ADVANCED ENGINEERING SOLUTIONS & SERVICES (AES2), LLC 401K PLAN	81-3031037	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ADVANSTAFF, INC. 401(K) PLAN AND TRUST	88-0300318	001
ADVANTICE HEALTH 401(K) PLAN	90-0156984	002
AGGREKO LLC EMPLOYEES' SAVING & INVESTMENT RETIREMENT PLAN	72-0692213	002
AIQUEOUS, LLC	47-3057262	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ALFRED SANZARI ENTERPRISES, INC. 401K PLAN	22-3340676	002
ALLIANCE TO SAVE ENERGY 401K PLAN	52-1082991	003
ALTOIDA 401(K) PLAN	35-2578402	001
AMERICAN EAGLE OUTFITTERS, INC. PROFIT SHARING AND 401(K) PLAN	13-2721761	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
AMPLIFY HR MANAGEMENT RETIREMENT SAVINGS PLAN	82-1671832	001
AMS GROUP 401(K) PLAN	45-2981735	001
AON POOLED EMPLOYER PLAN	22-2232264	001
AP4 401(K) PLAN	88-2551248	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
APEX FUND SERVICES 401(K) PLAN	42-1644246	001
APRIA TECHNOLOGIES 401(K) PLAN	85-4077328	001
ARCH GLOBAL HOLDINGS, LLC 401K PLAN	45-3353645	001
ARMHR 401(K) RETIREMENT PLAN	81-0723442	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ASCENSUS SECURE RETIREMENT POOLED EMPLOYER PLAN - RINGER SCIENCES LLC	27-2037969	002
ASPEN HR PEO LLC RETIREMENT SAVINGS PLAN	85-3188438	001
ASTROSCALE US INC. RETIREMENT PLAN	83-4166721	001
AUDIO INTEGRATION SERVICES INC	26-0469166	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
AVENUES NEW YORK 401(K) PLAN	81-3535271	001
AXON 401(K) PLAN	86-0741227	001
AYNA.AI LLC 401K PLAN	88-4404523	001
B1BANKEMPLOYEE RETIREMENT PLAN AND TRUST	20-3977125	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
BARNANA PBC 4019K0 PLAN	27-4557001	001
BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	52-0812977	001
BAY AREA THERAPY GROUP 401(K) PLAN	86-2048655	001
BEAT THE STREETS NEW ENGLAND 401(K) PLAN	45-4450102	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
BELAY SOLUTIONS, LLC 401(K) PLAN	27-3337926	002
BEST BUY WINDOW TREATMENT, LLC 401(K) PLAN	26-0126730	001
BIOSTRAP USA, LLC 401(K) PLAN	81-2979606	001
BITFUL CONSULTING 401(K) PLAN	87-3496515	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
BLUESTONE REAL ESTATE SERVICES 401(K) PLAN	27-3786740	002
BOLDYN NETWORKS US OPERATIONS LLC 401 K PLAN	87-1546212	001
BOODLEAI 401(K) PLAN	47-3909672	001
BRAVE CARE 401(K) PLAN	83-3626152	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
BRIDGEPOINTE TECHNOLOGIES 401K PLAN	48-1264007	001
BRIGHTSIDE HEALTH, INC	82-3567923	001
BUILDER PRIME INC. 401(K) PLAN	81-4141941	001
BUSINESS RECOVERY SERVICES INC DBA BANK UP 401(K) PLAN	94-3302752	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
BWS PLUMBING HEATING AND AIR 401K PLAN	45-3181309	001
CAELIVASCULAR, INC.	86-2227074	001
CANCER SUPPORT COMMUNITY SF BA 401K	68-0157858	001
CANES PERMIAN OPERATING LLC 401K PLAN	46-1294552	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
CARVART GLASS, INC. 401K PLAN	11-3368357	001
CENTER FOR JUSTICE AND HUMAN DIGNITY 401(K) PLAN	87-2349195	001
CENTIME 401(K) PLAN	84-2568838	001
CHICKSAW NATION INDUSTRIES, INC. 401K PLAN	73-1543162	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
CIMEO THERAPEUTICS, INC. 401(K) PLAN	87-3864625	001
CLEAN ENERGY BUSINESS 401(K) PLAN	81-4497384	001
CLEAR GLOBAL SOLUTIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	46-3185597	002
CLIFFSIDE LABS, LLC FED	47-1492363	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
CLOSER&CLOSER LLC	82-5049521	001
CLOWDCOVER 401(K) PLAN	46-3258704	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
COLOSSAL BIOSCIENCES INC	86-1910538	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
COMBOCURVE RETIREMENT PLAN	82-1506201	001
COMMUNITY TECH NETWORK 401(K) PLAN	26-2119465	001
COMPASS MINERALS INTERNATIONAL, INC 401(K) SAVINGS PLAN	36-3972986	001
CONFLUENCE WEALTH MANAGEMENT	88-3062983	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
CONGRUITY HR RETIREMENT SAVINGS PLAN	47-4028932	001
CONNECTED COMMERCE COUNCIL	83-1013113	001
CONNEX INTERNATIONAL INC.	06-1060947	001
CONVENTUS BIOMEDICAL SOLUTIONS, INC 401(K)	76-0479645	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
CORERX, INC. 401(K) PLAN	20-4764272	001
COXSCEPP CONSTRUCTION , LLC 401(K) PLAN	45-4065308	001
CRAIG PLUMBING CO., LTD 401(K) PLAN	54-1820620	001
CROW HOLDINGS RETIREMENT SAVINGS PLAN	35-2564455	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
CUMBERLAND TRUST 401(K) PLAN	62-1821473	001
CUSTOM GRAPHIC SERVICES 401(K) PLAN	84-4921580	001
DATAPIVOT TECHNOLOGIES, INC	47-3626824	001
DEBRON INDUSTRIAL ELECTRONICS, LLC.	83-0929885	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
DEEP BLUE MANAGEMENT LLC 401K PLAN	93-2194344	001
DEFENSE ENGINEERING 401(K) PLAN	20-3154307	001
DEPT US HOLDINGS LLC 401(K) PLAN	83-3753206	001
DEPUTY CORPORATION 401(K) PLAN	32-0468714	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
DIGITAL SOLUTIONS COOPERATIVE 401(K) PLAN	32-0157170	001
DOUCETTE CAPITAL 401K PLAN	92-0690297	001
DURO LABS INC 401(K) PLAN	81-5157947	001
EBACON POOLED EMPLOYER PLAN	73-1681659	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ECOM DEPARTMENT LLC 401(K) PLAN	85-3931001	001
EDCO HEALTH INFORMATION SOLUTIONS INC.	46-4315285	001
EGERIA ENTERPRISES 401(K) PLAN	87-2256560	001
EION CORP	86-1184028	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ELASTIC PATH SOFTWARE, INC.	45-3249998	001
EMPLICITY 401(K) RETIREMENT SAVINGS PLAN	33-0680357	333
EMPLOVA 401(K) RETIREMENT SAVINGS PLAN	83-2401698	002
EMPLOYER FLEXIBLE 401(K) PLAN	27-4406361	333

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
EMPLOYER FLEXIBLE 401(K) PLAN	76-0689539	333
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
ENGINEERING DESIGN SERVICES LLC	42-1078089	001
ENSTEP TECHNOLOGY SOLUTIONS, LLC 401(K) PLAN	27-4218191	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ENVIROSERV INC. DBA ALLGUARD TERMITE AND PEST CONTROL	82-2764722	001
EP ENERGY 401(K) RETIREMENT PLAN	76-0637534	001
EPAM SYSTEMS, INC. 401(K) PLAN	22-3536104	001
ERIC S. MONTALVO PLLC 401(K) PROFIT SHARING PLAN & TRUST	92-0496044	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ESVOLTA GPP, LLC 401(K) PLAN	82-3083011	001
EVERS AND SONS, INC. 401(K) PLAN	74-2219798	001
EXTENSIS GROUP RETIREMENT SAVINGS PLAN	86-1064991	333
FAR WEST INC	92-0047076	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
FASSBERG CONSTRUCTION COMPANY 401(K) PLAN	95-3948030	001
FASTBRIDGE FIBER, LLC 401(K) PLAN	88-1263678	001
FAVOR FOOT AND ANKLE PODIATRY PC	87-1689682	001
FIREMON, LLC 401(K) PLAN	20-0351769	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
FIRST CHOICE INSURANCE GROUP LLC	83-3360030	002
FIRST CLASS REALTY INC.	05-0591782	001
FISHMAN TRANSDUCERS 401(K) PLAN	04-2719661	001
FOUNTAIN INDUSTRIES 401(K) PLAN	61-1680294	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
FSHD SOCIETY 401K PROFIT SHARING PLAN & TRUST	52-1762747	002
FTI SOLAR 401K PLAN	81-4816270	001
FUTUREON LLC 401(K) PLAN	83-0704791	001
G & A PARTNERS MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
GALAXY DIGITAL SERVICES LLC 401(K) PLAN	82-4392568	001
GATEWAY GEOSPATIAL GROUP LLC	86-1957596	001
GCRE 401(K) PLAN	43-0763769	001
GENERIS SOLUTIONS LLC 401(K) PLAN	75-2672987	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
GILLOURY INSTITUTE	01-0693025	001
GLOBAL TRACKING COMMUNICATIONS LLC	82-1560760	001
GLOBANT LLC 401(K) PROFIT SHARING PLAN	98-0390078	002
GRAND CANYON LAW GROUP 401(K) PLAN	85-2264154	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
GREENTEX AMERICA LLC 401K PLAN	83-1933887	001
GROUP MANAGEMENT SERVICES INC. 401K PROFIT SHARING PLAN & TRUST	34-1707723	001
G-SMATT AMERICA CO. LTD 401K PLAN	32-0495469	001
GWF USA, INC. 401(K) PLAN	88-2698678	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
HAWKEYE BIO, INC. 401K PLAN	82-4834497	001
HEALTHCARE CLAIMS MANAGEMENT INC 401(K) PLAN	90-0647154	001
HEALTHIER COLORADO 401(K) PLAN	46-3981284	001
HELIXINTEL INC 401K PROFIT SHARING AND TRUST PLAN	36-5018674	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
HELP DESK CAVALRY, LLC 401K PLAN	46-1983229	001
HELPING HANDS REENTRY OUTREACH CENTERS 401(K) PLAN	27-1158468	001
HOME SERVICE DOCTORS LLC 401K PLAN	73-1689030	001
HOPE COMMUNITY, INC	13-5596811	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
HR&P SOLUTIONS, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	76-0652302	001
HUMANGOOD 401K PLAN	94-1225374	002
I3 TECHNOLOGY GROUP, LLC 401(K) PLAN	84-5163706	001
IMBIO INC.	20-5821799	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
INDIVIDUAL ADVISORS, LLC 401(K) PLAN	84-1336269	001
INFILLION 401(K) PLAN	45-3744179	001
ING WEALTH STRATEGIES INC.	83-2278029	001
INTACT SOFTWARE INC	92-2880304	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
INTERLINK AI, INC. 401(K) PLAN	27-4437030	001
INVICTUS CAPITAL MANAGEMENT LP 401(K) PLAN	47-2135185	001
ISC HOLDINGS, LLC 401(K) PLAN	82-3667504	002
IT ASSIST INC, DBA TEAMLOGIC IT 401(K) PLAN	45-1272528	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
J CLAYTON SERVICES INC 401(K) PLAN	20-0631664	001
JASPER HOLDCO LLC	41-0809434	003
JCR MEDICAL EQUIPMENT INC 401K PLAN	65-0222776	001
JMEC WIRING GROUP INC. 401K	82-3415361	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
JOSHUA MOORE INSURANCE LLC 401(K) PLAN	92-1979294	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
K2 DENTAL ARTS LLC 401(K) PLAN	46-4023114	001
KAL ARCHITECTS, INC. 401(K) PLAN	33-0763403	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
KATZCY LLC 401(K) PLAN	47-4600614	001
KAZONI INC 401(K) PLAN	45-5013862	001
KCG COMPANIES, LLC, AE OF MJ 401(K) PEP	86-1239703	043
KEMPOWER , INC. 401(K) PLAN	38-4239699	919

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
KENDALL & DAVIS, LLC	47-1759293	001
KIMBLE AND ASSOCIATES LLC	47-1775114	001
KS HOLDINGS, INC 401(K) PLAN	93-4412958	001
LAWELAWE 401(K) PLAN	84-5009986	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
LAWNLINE MARKETING INC.	81-2997354	002
LEASEHAWK, LLC 401(K) PLAN	45-4232520	001
LEFT HAND CONCRETE SOLUTIONS 401(K) PLAN	45-2207728	001
LEFTCHANNEL INC.. 401(K) PLAN	13-4239542	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
LEGACY HEALTH LLC 401(K) PLAN	81-4294235	001
LEVER1 RETIREMENT SAVINGS PLAN	45-4152888	333
LIFEGUARD FIRE PROTECTION INC. 401(K) PLAN	37-1770808	002
LIFESIGHT POOLED EMPLOYER PLAN	53-0181291	101

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

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

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<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
LINK LOGISTICS 401(K) PLAN	83-1825705	001
LONE STAR AIR SYSTEM LTD 401(K) PROFIT SHARING PLAN AND TRUST	76-0666167	001
LOXO HOLDINGS, LLC	46-0913010	002
LYNC HEALTH PARTNERS 401(K) PLAN	87-2532334	001

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

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

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<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
MACH9 401(K) PLAN	85-2759883	001
MAINETTI USA, INC. 401K PLAM	27-2963581	001
MAJ-K CORPORATION LLC 401(K) PROFIT SHARING PLAN & TRUST	87-2488026	001
MAN INVESTMENTS USA SAVINGS & INV PLAN	98-0503332	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
MANFRA, TORDELLA & BROOKES, LLC 401(K) PLAN	01-0653397	001
MAP YOUR SHOW 401K RETIREMENT PLAN	82-2840693	001
MARKETAXESS CORPORATION 401(K) PROFIT SHARING PLAN	95-4649492	001
MAYHEW TECHNOLOGY SOLUTIONS, LLC 401(K) PLAN	82-2875483	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
MEDIVIEW XR, INC 401(K) PLAN	83-4549984	001
MFE RENTALS, INC 401(K) PLAN	24-1192987	001
MIDWEST MEDICAL PRACTITIONERS	47-3986378	001
MILKED MEDIA 401(K)PLAN	84-3040032	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
MINI MELTS USA 401(K) PLAN	26-3544262	001
MINLOPRO PARTNERS 401(K) PLAN	88-2496663	002
MISSION FIRST SOLUTIONS LLC 401(K) PLAN	81-3572383	001
MIZZEN MANAGEMENT, LLC 401K PLAN	93-2986151	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
MJ HOUSING & SERVICES 401(K) PLAN	46-0970178	001
MKD MANAGEMENT LLC 401(K) PLAN	20-1091503	001
MODERN EXECUTIVE SOLUTIONS	85-3776059	001
MOTHERS OUT FRONT INC. 401K RETIREMENT PLAN	46-5758600	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
MUNA FERTILITY 401(K) PLAN	93-3111888	001
MUSCULOSKELETAL TUMOR SOCIETY 401K PLAN	95-4480540	001
MY GREEN LAB 401(K) PLAN	46-2860098	001
NAKEDWINES.COM 401(K) PLAN & TRUST	45-4138585	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
NAMI SACRAMENTO 401(K) PLAN	94-2861509	001
NAVIS CLINICAL LABORATORIES, INC. 401(K) PLAN	92-1264512	001
NETWORK FOR GOOD 401(K) PLAN	68-0480736	001
NEUROLOGY SOLUTIONS CONSULTANTS PA	20-1342139	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
NEW COM METAL PRODUCTS GROUP LLC	88-3219941	001
NEW HOME LENDING COMPANY LLC 401K PLAN	85-2911907	001
NEXHEALTH 401K PLAN	47-1724653	001
NEXT AFTER LLC 401(K) PLAN	26-4144421	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
NEXTEP 401(K) RETIREMENT SAVINGS PLAN	73-1543198	333
NIGHTPEAK ENERGY LLC 401(K) PLAN	88-2364919	001
NIMBLE GRAVITY, LLC 401(K) PLAN	84-2764068	001
NISOL0 401(K) PLAN	46-4138590	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
NLP LOGIX LLC	45-3843384	001
NORTH FLORIDA LAND TRUST INC.	59-3609167	001
NOU SYSTEMS INC. 401(K) PLAN	45-2815517	001
NOV INC. 401(K) PLAN FOR EXTRACT EMPLOYEES	76-0475815	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
NPPS LLC	47-1205973	002
NUDGE GLOBAL US INC. 401(K) PLAN	87-1842813	001
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333
OMNICOM GROUP RETIREMENT SAVINGS PLAN	13-1514814	004

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ONETHIRTYONE LLC 401(K) PSP	85-2967811	001
ONEWALL COMMUNITIES	36-4726447	002
ONPOINT INSURANCE SERVICES, LLC 401(K) PLAN	38-4120367	001
OPTIMUM EMPLOYER SOLUTIONS 401(K) SAVINGS PLAN	76-0828247	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
OSC ENERGY LLC 401(K) PROFIT SHARING PLAN AND TRUST	46-4357894	001
OUR HOME 401(K) PLAN	82-4652934	001
PACKAGING EFFICIENCY SOLUTIONS, LLC 401K PLAN	45-4752168	002
PARAMOUNT DENTAL STUDIO, INC. 401(K) PLAN	35-2184565	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
PAYNADA LLC	88-3797939	001
PBS ASO, LLC RETIREMENT PLAN	85-0768284	001
PENINSULA HEALTHCARE CONNECTION 401(K) PLAN	20-2886131	001
PERFECT DAY PRODUCTIONS INC. 401(K) PLAN	84-2053606	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
PETERSON FARMS 401(K) RETIREMENT PLAN	38-2519910	001
PHOENIX FUND SERVICES GROUP LLC 401K PROFIT SHARING PLAN & TRUST	93-3556575	001
PINNACLE FINANCIAL ADVISORS 401(K) PLAN	87-3163989	001
PIXELPEOPLE 401(K) PLAN	47-4913562	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
PLANTPLUS FOODS LLC 401(K) PLAN	85-3694015	001
PMA MECHANICAL LLC 401(K) PLAN	47-4702108	001
PRAXIS LABS, INC 401(K) PLAN	83-3949754	002
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	11-3448580	333

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
PROJECT FOR PUBLIC SPACES 401(K)	13-2808114	002
PROPEL PEO, INC.	20-5888849	333
PROSOURCE INDUSTRIES INC	68-0493489	001
PROTEUM ENERGY LLC	85-3505225	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
QUESTCO COMPANIES RETIREMENT PLAN	81-2333797	001
R G GLASS CREATIONS INC	11-3474059	001
R. SCOTT YARISH, MD. P.A.	76-0318502	001
REALMANAGE, LLC 401(K) PLAN	20-0753666	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
RECAST SOFTWARE 401(K) PLAN	82-3855849	001
RED GAMES 401(K) PLAN	83-3483379	001
RED OAK CAPITAL HOLDINGS, LLC	85-2989924	001
REFINED SCIENCES INC 401K PLAN	92-1801041	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
REGIS HR GROUP 401(K) PLAN	65-1130355	001
REPAIR THE WORLD 401K PLAN	36-4524686	002
REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS 401(K) PLAN	52-0972043	001
RESOLUTE ADMINISTRATION, INC. 401(K) PLAN	81-1846998	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
RESOURCE MANAGEMENT, INC. 401(K) PLAN	87-0499948	333
RESOURCING EDGE RETIREMENT SAVINGS PLAN	46-3045894	002
REVEILLE WEALTH MANAGEMENT 401K PLAN	86-1479151	001
REWARD GATEWAY 401(K) PLAN	33-1220853	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
RIPARIAN HOLDINGS LLC 401(K) PLAN	87-3729458	001
RISKSIGMA7 CORPORATE HOLDINGS LLC RETIREMENT PLAN	88-1937648	001
ROCK ISLAND WEALTH MANAGEMENT, LLC 401(K) PROFIT SHARING	47-2911436	001
ROCKETT & FLECHA 401(K) PLAN	82-3576112	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
RURAL INVESTMENT TO PROTECT OUR ENVIRONMENT	86-3977878	001
RUTH BANCROFT GARDEN, INC. 401K PLAN	68-0310041	001
S&D FINANCIAL, LLC	45-3609423	002
S2I2 401(K)	81-2768193	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
SACRAMENTO NEIGHBORHOOD HOUSING SERVICES, INC. 401(K) PLAN	68-0118032	001
SB DIRECTIONAL SERVICES	30-0829623	001
SCANBUY INC	13-4160561	001
SEARCHSTAX 401(K) PLAN	47-4119585	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
SECURE YOUR RETIREMENT 401(K) PLAN	25-1838406	877
SEDNA INDUSTRIES, INC. 401(K) PLAN	26-1565778	001
SENTINEL DOME PARTNERS, LLC 401(K) PROFIT SHARING PLAN	46-4761248	001
SEQUOIA ONE 401(K) PLAN	46-4716239	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
SIDECAR DRINKS 401(K) PLAN	61-1802046	001
SILMSTOCK INC	31-1828739	004
SIMPLOY, INC. 401(K) RETIREMENT SAVINGS PLAN	43-1889072	001
SMITH HANLEY ASSOCIATES, LLC RETIREMENT PLAN	46-0955273	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
SOJOURN LANDING 401K PROFIT SHARING AND TRUST PLAN	47-4507618	001
SOURCEPASS 401(K) PLAN	11-3615387	001
SPARKPAY, LLC 401K PLAN	83-2690132	503
SPECTRUM MARKETING SOLUTIONS, LLC 401(K) PLAN	37-1787231	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ST. CHARLES COUNTY ECONOMIC DEVELOPMENT COUNCIL 401(K) PLAN	43-1545618	002
STARIN MARKETING, INC RETIREMENT PLAN	35-1801490	001
STEALTH POWER 401(K) PLAN	46-4430320	002
STERLING PHARMA SOLUTIONS 401K RETIREMENT PLAN	75-3236391	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
SUCCESSWISE POOLED EMPLOYER PLAN	87-1139522	314
SUPERNOVA LENDING, LLC 401(K) PLAN	47-4345381	001
SUSTAINABLE WESTCHESTER 401(K) PLAN	35-2397750	001
SWBC PROFESSIONAL EMPLOYER SERVICES 401(K) PLAN	27-3708085	333

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
SWITCH THERAPEUTICS 401(K) PLAN	84-5049584	001
SYNCHRONYHR RETIREMENT SAVINGS PLAN	47-1197332	001
SYNTHESIS HEALTH 401K PLAN	87-2182308	001
TAP INNOVATIONS LLC	82-3304540	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
TATA COMMUNICATIONS 401(K) PLAN	02-0655544	001
TD SPORTS INC.	54-1440273	003
TEXAN INSURANCE 401(K) PLAN	45-5258382	001
THE AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS	13-6160852	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
THE IMPACT SEAT FOUNDATION 401 (K) PLAN	87-3470780	001
THE KIDD CHOICE THERAPY 401K AND PROFIT SHARING PLAN	46-5277075	001
THE OPPORTUNITY AGENDA, INC. 401(K) PLAN	84-3935514	001
THE PARTNERSHIP 401(K)	58-1379345	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
THE PICKLR INC 401K PLAN	92-2794597	001
THRIVE PEO 401(K) PLAN	84-4818583	001
TIGER PRECISION PRODUCTS LLC 401K PROFIT SHARING PLAN & TRUST	85-0865842	001
TIMBERRIDGE ASSOCIATES, LLC 401(K) PLAN	26-0530727	002

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
TMG UTILITY ADVISORY SERVICES, INC. 401(K) PLAN	74-2699550	001
TMP VENTURE II LLC 401(K) PROFIT SHARING PLAN AND TRUST	85-3384638	002
TOX OPERATIONS 401(K) PLAN	88-4224875	001
TRANS TEXAS TIRE 401(K) PLAN	46-1688184	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
TRINET 401(K) PLAN	48-1304650	334
TRUE DIGITAL SURGERY 401(K) PLAN	13-3504158	001
TRUSTED ADVISORS, INC. 401(K) PLAN	99-5072725	001
UNITY TECHNOLOGIES 401(K) PLAN	26-4516105	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
UPLIGHT 401(K) PLAN	14-1912137	501
UPSIDE 401(K) PLAN	47-5651051	001
UROLOGY PARTNERS OF NORTH TEXAS, PLLC 401(K) PLAN	83-2235275	001
US SPECIALISTS MANAGEMENT, LLC 401(K) PLAN	82-4956567	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
USIO, INC. 401(K) PLAN	98-0190072	001
VANGUARD RENEWABLES 401(K) PLAN	61-1871323	001
VAYUSPHERE, INC 401K PLAN	94-3367183	001
VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN	37-1508469	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
VERDANTAS LLC RETIREMENT PLAN	34-1549829	001
VERISTAR LLC 401K PLAN AND TRUST	84-3239749	001
VERTICAL INSURE, INC. 401(K) PLAN	86-1351066	001
VERTICAL LABORATORIES 401(K) PROFIT SHARING PLAN	82-2937367	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
VERUSEN 401K PLAN	83-2330110	001
VOGELZANG LAW, P.C. 401(K) RETIREMENT PLAN	81-1206570	001
WAGNER LAW, PLLC 401K PLAN	85-1001703	001
WAKEFIELD AGRICULTURAL CARBON LLC 401(K) PLAN	87-1323941	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
WANRACK LLC	38-3904798	001
WARREN S READY-MIX LLC 401(K) PROFIT SHARING PLAN AND TRUST	86-2524853	001
WATER STREET MANAGEMENT LLC	83-3846881	001
WELLCOM GROUP, INC. 401(K) PLAN	33-1230626	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
WHEELHOUSE CONSTRUCTION	35-2457674	001
WILLIAM C DEMETREE FAMILY OFFICE, INC.	20-8724184	001
WINGS GLOBAL TRAVEL, INC. 401(K) PLAN	20-4738312	001
WORKSMART SYSTEMS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	35-2060071	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
WORLDWIDE MISSION CRITICAL 401(K) PLAN	83-2369727	001
WORTHPOINT CORPORATION	20-8370531	001
WSKF ARCHITECTS 401(K) PLAN	56-2332566	001
WTB ACCOUNTING LLC	47-2166060	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
XCEEDANCE, INC. 401K RETIREMENT SAVINGS PLAN	47-2037577	001
XTRACTOR DEPOT LLC	47-2183989	002

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

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

**SCHEDULE R**  
**(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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

**A** Name of plan

**INSPERITY 401K PLAN**

**B** Three-digit plan number (PN) ►

**001**

**C** Plan sponsor's name as shown on line 2a of Form 5500

**INSPERITY HOLDINGS, INC.**

**D** Employer Identification Number (EIN)  
**76-0178498**

**Part I** **Distributions**

All references to distributions relate only to payments of benefits during the plan year.

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

**1**

**0**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): **25-1926855**

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

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

**3**

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....

Yes

No

N/A

If the plan is a defined benefit plan, go to line 8.

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....

**6a**

**b** Enter the amount contributed by the employer to the plan for this plan year .....

**6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....

**6c**

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

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....

Yes

No

N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....

Yes

No

N/A

**Part III** **Amendments**

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

Increase

Decrease

Both

No

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....

Yes  No

**11 a** Does the ESOP hold any preferred stock? .....

Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....

Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....

Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

<b>a</b>	Name of contributing employer						
<b>b</b>	EIN		<b>c</b> Dollar amount contributed by employer				
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____						
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)						
(1)	Contribution rate (in dollars and cents) _____						
(2)	Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____						
<b>a</b>	Name of contributing employer						
<b>b</b>	EIN		<b>c</b> Dollar amount contributed by employer				
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____						
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)						
(1)	Contribution rate (in dollars and cents) _____						
(2)	Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____						
<b>a</b>	Name of contributing employer						
<b>b</b>	EIN		<b>c</b> Dollar amount contributed by employer				
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____						
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)						
(1)	Contribution rate (in dollars and cents) _____						
(2)	Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____						
<b>a</b>	Name of contributing employer						
<b>b</b>	EIN		<b>c</b> Dollar amount contributed by employer				
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____						
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)						
(1)	Contribution rate (in dollars and cents) _____						
(2)	Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____						
<b>a</b>	Name of contributing employer						
<b>b</b>	EIN		<b>c</b> Dollar amount contributed by employer				
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____						
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)						
(1)	Contribution rate (in dollars and cents) _____						
(2)	Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____						

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b
c	The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year .....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year .....	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....	<input type="checkbox"/>

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

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

#### Part VII IRS Compliance Questions

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

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE**

Insperity 401(k) Plan  
December 31, 2024 and 2023, and  
Year Ended December 31, 2024  
With Report of Independent Auditors

**Insperity 401(k) Plan**  
**Financial Statements and Supplemental Schedule**  
**December 31, 2024 and 2023, and Year Ended December 31, 2024**

**Contents**

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of  
Inspirity 401(k) Plan

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

We have performed an audit of the financial statements of Inspirity 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### ***Opinion on the 2024 Financial Statements***

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

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

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(Continued)

### ***Basis for Opinion on the 2024 Financial Statements***

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

### ***Responsibilities of Management for the 2024 Financial Statements***

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

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

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

### ***Auditor's Responsibilities for the Audit of the 2024 Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

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(Continued)

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

#### **Other Matters**

##### *2024 Supplemental Schedules Required by ERISA*

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

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

#### **In our opinion**

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

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(Continued)

*Auditor's Report on the 2023 Financial Statements*

Predecessor auditors performed an audit of the 2023 financial statements of Insperity 401(k) Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 9, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meet the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedule, other than the information in the 2023 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meet the requirements of ERISA Section 103(a)(3)(C).

*Crowe LLP*

Crowe LLP

Houston, Texas  
October 13, 2025

**Insperity 401(k) Plan**  
**Statements of Net Assets Available for Benefits**

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Cash	\$ 2,458,606	\$ 4,046,252
Investments, at fair value	<b>9,229,538,403</b>	7,973,482,247
Receivables:		
Participant contributions	17,252,929	23,761,461
Company contributions	<b>24,307,456</b>	25,983,215
Notes receivable from participants	<b>118,844,329</b>	105,399,977
Total receivables	<b>160,404,714</b>	155,144,653
Total assets	<b>9,392,401,723</b>	8,132,673,152
<b>Liabilities</b>		
Excess contributions payable	5,135,707	4,867,701
Other liabilities	<b>2,455,679</b>	4,146,802
Total liabilities	<b>7,591,386</b>	9,014,503
Net assets available for benefits	<b>\$ 9,384,810,337</b>	\$ 8,123,658,649

*See accompanying notes.*

**Insperity 401(k) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2024**

Additions:	
Participant contributions	\$ 1,009,920,528
Company contributions	433,724,830
Rollover contributions	<u>233,993,618</u>
Total contributions	1,677,638,976
Interest income on notes receivable from participants	<u>8,145,479</u>
Total additions	<u>1,685,784,455</u>
Investment income:	
Investment income	129,514,640
Other income	182,402
Net appreciation in fair value of investments	<u>1,002,889,121</u>
Net investment gain	<u>1,132,586,163</u>
Deductions:	
Benefits paid to participants	1,084,423,585
Administrative expenses	9,457,455
Return of excess contributions	<u>5,311,794</u>
Total deductions	<u>1,099,192,834</u>
Other changes in net assets:	
Transfer of assets to other qualified plans	(1,044,579,376)
Transfer of assets from other qualified plans	<u>586,553,280</u>
Net other changes	<u>(458,026,096)</u>
Net increase	1,261,151,688
Net assets available for benefits at:	
Beginning of year	<u>8,123,658,649</u>
End of year	<u>\$ 9,384,810,337</u>

*See accompanying notes.*

# Insperity 401(k) Plan

## Notes to the Financial Statements (continued)

December 31, 2024

### **1. Description of the Plan**

The following brief description of the Insperity 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description or plan document for a more complete description of the Plan's provisions, both of which are available from the Insperity Benefits Plan Committee (the Committee).

#### **General**

The Plan is a defined contribution plan. The Plan was established for eligible worksite employees (Eligible Employees) of Insperity Holdings, Inc. and its affiliates (the Company). The Plan document includes an election agreement (the Election Agreement) for each Covered Entity, as defined by the Plan, that indicates which of certain varying provisions of the Plan, such as eligibility, employer contributions, and automatic salary deferrals, apply to certain Eligible Employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Committee is the designated plan administrator of the Plan under ERISA and is responsible for administration and oversight of the Plan. Effective on or about October 1, 2024, Goldman Sachs Asset Management, L.P. (GSAM) completed its integration efforts related to the 2019 acquisition of Rocaton Investment Advisors, LLC (Rocaton) and GSAM became the ERISA 3(38) investment manager for the Plan with responsibility for selection and monitoring of Plan investments. Previously, Rocaton was the investment manager. Gallagher Benefit Services, Inc. (formerly Buck Global LLC) is the ERISA 3(21) fiduciary responsible for monitoring GSAM, and also reviews expenses of the Plan and advises the Committee. The Bank of New York Mellon (BNY Mellon) is the trustee of the Plan. ProNvest, Inc. dba Future Capital is the managed account provider available to participants under the Plan.

#### **Eligibility**

Pursuant to the election set forth in each of the applicable Election Agreements, certain Eligible Employees are eligible to participate in the Plan. There are four eligibility options offered in the Plan as follows:

- immediate participation with no minimum age requirement,
- attainment of 21 years of age and the completion of 1,000 hours of service within a computation period,
- attainment of 21 years of age and completion of one year of service, or

# Insperity 401(k) Plan

## Notes to the Financial Statements (continued)

December 31, 2024

- attainment of 21 years of age and completion of three consecutive months of employment.

The eligibility period applicable to an Eligible Employee is based on the eligibility option elected in the applicable Election Agreement.

### **Contributions**

Participants may make pretax and/or Roth salary deferral contributions to the Plan, including catch-up contributions, of 1% to 80% of their eligible compensation each pay period. Salary deferral contributions are subject to limits established by tax laws. Participants may also rollover certain amounts representing distributions from certain other qualified defined benefit plans, defined contribution plans, and individual retirement accounts. Pursuant to the elections set forth in each of the applicable Election Agreements, certain Eligible Employees may receive one or more of the following types of Company contributions: (a) matching contributions, (b) qualified non-elective contributions, and (c) discretionary profit-sharing contributions.

The Plan is designed with an intention to comply with Section 404(c) of ERISA, allowing participants to exercise control over the investment of their accounts in the Plan. Various investments, including mutual funds, pooled separate accounts and common/collective trust funds, are available. In the event that a participant fails to direct the investment of their accounts, their Plan accounts will be invested in a qualified default investment alternative (QDIA). If a participant's account is invested in a QDIA, the participant is deemed to have exercised control over the investment of the assets in their accounts. The Plan's QDIAs consist of the State Street Target Retirement Funds (TRF). The TRFs are a series of target date funds, which are designed to be a diversified portfolio for participants aiming to retire within a few years of the year specified in the fund's name. The TRFs follow a "glide path", allowing for the funds to become less risky, meaning the fund holds a decreasing percentage of stocks, as they approach and pass the year in the fund's name, until leveling out approximately five years after the year specified in the fund's name. The TRFs are broadly diversified and include asset classes such as U.S. stocks, international stocks, U.S. Government and other U.S. bonds, and inflation-sensitive asset classes. The principal value of the TRFs is not guaranteed at any time, including at the time of the target date and/or withdrawal.

### **Participant Accounts**

Each participant's account is credited with the participant's contributions and the Company's contributions and allocations of plan earnings and may be charged with an allocation of

Insperity 401(k) Plan  
Notes to the Financial Statements (continued)  
December 31, 2024

administrative expenses. Plan earnings are allocated based on the participant's share of net earnings or losses of the respective investment options. The benefit to which a participant is entitled is the amount that can be provided from the participant's vested account.

### **Vesting**

Participants are 100% vested in all salary deferrals and Company contributions and the earnings thereon.

### **Benefit Payments**

Benefit payments are allowed under the Plan upon severance of employment, disability, or death. Upon severance of employment, participants may request all or a portion of their account to be distributed. If the account balance of a terminated participant is \$1,000 or less, the plan administrator may elect to distribute the account balance in a lump-sum payment to the participant.

### **In-Service Distributions, Hardship Withdrawals and Participant Loans**

Participants may request a distribution of their rollover and eligible merged contribution accounts at any time. At age 59 $\frac{1}{2}$ , active participants may receive an in-service withdrawal of all or a portion of their accrued benefits. Distributions in the event of financial hardship may also be available to participants with a qualifying financial hardship.

Participants may borrow up to the lesser of \$50,000 less the participant's highest outstanding loan balance during the preceding 12 months or half of their vested account balance in the Plan without penalty, subject to the Internal Revenue Code (the Code) and treasury regulations thereunder. The minimum loan amount is \$1,000, and a participant may only have two outstanding loans at one time, of which only one loan may be residential. Loan terms range from one to five years or up to 15 years for the purchase of a primary residence. Loans are secured by the balance in the participant's account. The interest rate is fixed for the term of the loan based on the prime rate in effect during the month in which the loan is made plus 1%. Principal and interest are paid ratably through payroll deductions.

### **Administrative Expenses**

Generally, administrative expenses, based on a flat per participant fee, are paid or reimbursed by the Plan; however, certain administrative expenses have been paid by the Company. Administrative expenses related to participant specific transactional activities, such as loans and withdrawals, are

Insperity 401(k) Plan  
Notes to the Financial Statements (continued)  
December 31, 2024

deducted from the participant's account. The Plan's investments do not include any share classes that include revenue sharing.

### **Plan Termination**

While the Company has not expressed any intent to terminate the Plan, it is free to do so at any time in accordance with the provisions of ERISA. In the event of plan termination, participants would receive their account balances.

## **2. Summary of Significant Accounting Policies**

### **Basis of Accounting**

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (GAAP). Benefit payments to participants are recorded upon distribution.

### **Notes Receivable from Participants**

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

### **Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the Code are recorded as a liability with a corresponding deduction to the net assets available for Plan benefits. These amounts are returned to participants within the time specified in the Code.

### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires plan management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

# Insperity 401(k) Plan

## Notes to the Financial Statements (continued)

December 31, 2024

### **Investment Valuation and Income Recognition**

Under the terms of the trust agreement with the trustee, the Plan has investments in various mutual funds, pooled separate accounts and common/collective trust funds or collective investment funds. Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis and dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### **3. Investments**

Investment information, excluding notes receivable from participants and the related interest income, disclosed in the accompanying financial statements and supplemental schedule, including investments held and cash at December 31, 2024 and 2023, and net appreciation in fair value of investments and investment income for the year ended December 31, 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by BNY Mellon, the trustee of the Plan, and New York Life Insurance Company.

Notes receivable from participants of \$118,844,329 and \$105,399,977 at December 31, 2024 and 2023, respectively, and related interest income of \$8,145,479 for the year ended December 31, 2024, have not been certified as complete and accurate by the trustee.

### **4. Fair Value Measurements**

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities.
- Level 2 – Level 2 inputs include the following:

Insperity 401(k) Plan  
Notes to the Financial Statements (continued)  
December 31, 2024

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities
- Inputs that are derived primarily from or corroborated by observable market data by correlation or other means

An asset or liability with a specified term must be observable for substantially the full term of the asset or liability.

- Level 3 – Unobservable inputs are used when little or no market data is available, and the inputs are significant to the fair value measurement. Level 3 inputs include plan management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

Following is a description of the valuation techniques and inputs used for each general type of assets measured at fair value by the Plan:

*Mutual funds:* Valued at the net asset value (NAV) of shares held by the Plan at year end based on a quoted market price.

*Pooled separate accounts:* Valued at the NAV of units held by the Plan. The NAV, as provided by the issuer, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

*Common/collective trust funds:* Valued at the NAV of units held by the Plan. The NAV, as provided by the issuer, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

Insperity 401(k) Plan  
 Notes to the Financial Statements (continued)  
 December 31, 2024

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

The following table illustrates by level, within the fair value hierarchy, the Plan's assets carried at fair value:

	Level 1	Level 2	Level 3	December 31, 2024
Mutual funds	<b>\$ 1,609,374,106</b>	—	—	<b>\$ 1,609,374,106</b>
Total mutual funds	<b>\$ 1,609,374,106</b>	—	—	<b>\$ 1,609,374,106</b>

Investments measured at net asset value:

Pooled separate accounts<sup>(i)</sup>:

New York Life Ins Co Anchor Account Fund<sup>(a)</sup> **309,664,270**

Common/collective trust funds<sup>(i)</sup>:

MetWest Total Return Bond Fund<sup>(b)</sup> **98,938,191**

SSgA S&P 500 Index Fund<sup>(c)</sup> **1,595,436,032**

SSgA Global All Cap Eq Ex-US Index Fund<sup>(d)</sup> **92,040,491**

SSgA Russell Small/Mid Cap Index Fund<sup>(e)</sup> **135,852,200**

SSgA U.S. Bond Index Fund<sup>(f)</sup> **72,247,625**

SSgA Target Retirement Funds<sup>(g)</sup> **4,585,811,635**

T. Rowe Price Blue Chip Growth Fund<sup>(h)</sup> **730,173,853**

Total common/collective trust funds

**7,310,500,027**

Total investments at fair value

**\$ 9,229,538,403**

Insperity 401(k) Plan  
 Notes to the Financial Statements (continued)  
 December 31, 2024

	Level 1	Level 2	Level 3	December 31, 2023
Mutual funds	\$ 1,532,409,186	—	—	\$ 1,532,409,186
Total mutual funds	<u>\$ 1,532,409,186</u>	<u>—</u>	<u>—</u>	<u>\$ 1,532,409,186</u>

Investments measured at net asset value:

Pooled separate accounts <sup>(i)</sup> :				
New York Life Ins Co Anchor Account Fund <sup>(a)</sup>				345,568,585
Common/collective trust funds <sup>(i)</sup> :				
MetWest Total Return Bond Fund <sup>(b)</sup>				101,926,175
SSgA S&P 500 Index Fund <sup>(c)</sup>				1,231,015,166
SSgA Global All Cap Eq Ex-US Index Fund <sup>(d)</sup>				75,297,676
SSgA Russell Small/Mid Cap Index Fund <sup>(e)</sup>				99,496,595
SSgA U.S. Bond Index Fund <sup>(f)</sup>				55,895,714
SSgA Target Retirement Funds <sup>(g)</sup>				3,985,148,579
T. Rowe Price Blue Chip Growth Fund <sup>(h)</sup>				<u>546,724,571</u>
Total common/collective trust funds				<u>6,095,504,476</u>
Total investments at fair value				<u>\$ 7,973,482,247</u>

<sup>(a)</sup> The New York Life Ins Anchor Account Value Fund is stated at a static \$1 price by New York Life Insurance Company. The fund is a stable value product that guarantees principal and accumulated interest. The fund invests in high quality fixed income bonds and seeks to minimize volatility. The fund has a limitation on transfers to competing core investments available under the Plan, but no such competing core investments are currently available.

<sup>(b)</sup> The MetWest Total Return Bond Fund is stated at the NAV as reported by TCW Multiple Investment Trust. The fund is a fixed income fund that invests in a diversified portfolio of high quality bonds and other debt securities. The fund seeks to maximize long-term total return.

<sup>(c)</sup> The SSgA S&P 500 Index Fund is stated at the NAV as reported by SSgA's North America Valuation Committee. The fund is a domestic stock fund that seeks to track the performance of the S&P 500® Index, which measures the investment return of large-capitalization U.S. stocks.

<sup>(d)</sup> The SSgA Global All Cap Eq Ex-US Index Fund is stated at the NAV as reported by SSgA's North America Valuation Committee. The fund is an international stock fund that seeks to track the performance of the MSCI ACWI Ex. US Index, which measures the investment return of stocks issued by companies located in developed and emerging markets, excluding the United States.

Insperity 401(k) Plan  
Notes to the Financial Statements (continued)  
December 31, 2024

- (e) The SSgA Russell Small/Mid Cap Index Fund is stated at the NAV as reported by SSgA's North America Valuation Committee. The fund is a domestic stock fund that seeks to track the performance of the Russell Small Cap Completeness Index, which measures the investment return of small- and mid-capitalization U.S. stocks.
- (f) The SSgA U.S. Bond Index Fund is stated at the NAV as reported by SSgA's North America Valuation Committee. The fund is a bond fund that seeks to track the performance of the Bloomberg U.S. Aggregate Bond Index.
- (g) The SSgA Target Retirement Funds are stated at the NAV as reported by SSgA's North America Valuation Committee. The funds are a series of target date funds, which are designed to be a diversified portfolio for participants aiming to retire within a few years of the year specified in the fund's name. The funds follow a "glide path", allowing for the funds to become less risky, meaning the funds hold a decreasing percentage of stocks, as they approach and pass the year in the fund's name, until leveling out approximately five years after the year specified in the fund's name. The funds are broadly diversified and include asset classes such as U.S. stocks, international stocks, U.S. Government and other U.S. bonds, and inflation-sensitive asset classes. The principal value of the funds is not guaranteed at any time, including at the time of the target date and/or withdrawal.
- (h) The T. Rowe Price Blue Chip Growth Fund is stated at the NAV as reported by the T. Rowe Price Valuation Committee. The fund is a domestic large-cap growth stock fund. The fund seeks to provide long-term capital growth. Income is a secondary objective.
- (i) None of the pooled separate accounts or common/collective trust funds in the Plan have participant redemption restrictions.

## **5. Plan Transfers**

Certain Covered Entities requested transfer of assets of their attributable portion of the Plan, either to another qualified plan or from another qualified plan. Such transfers were permitted, providing that affected participants would receive a benefit immediately after the transfer equal to or greater than the benefit the affected participants would have received immediately before the transfer. During 2024, \$586,553,280 in assets representing the accrued benefits attributable to certain current and former participants of Covered Entities were transferred into the Plan from other qualified plans. Additionally, \$1,044,579,376 in assets representing the accrued benefits attributable to certain current and former participants were spun off to other plans not sponsored by the Company.

# Insperity 401(k) Plan

## Notes to the Financial Statements (continued)

December 31, 2024

### **6. Income Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated August 19, 2014, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated, and further amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended and restated, is qualified and the related trust is tax exempt.

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

### **7. Risks and Uncertainties**

The Plan provides for investments in various investment securities, which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances.

### **8. Related Party and Exempt Party-in-Interest Transactions**

All service providers who are a party-in-interest provide services necessary for the operation of the Plan at no more than reasonable compensation, and such services qualify as exempt party-in-interest transactions. Participant loans qualify as exempt party-in-interest transactions.

### **9. Subsequent Events**

In April 2025, the Plan changed managed account providers to Morningstar Investment Management LLC from ProNvest, Inc. dba Future Capital.

The plan administrator has evaluated subsequent events for the Plan through October 13, 2025, the date the financial statements were available to be issued.

**INSPERITY 401(K) PLAN  
PLAN NUMBER 001  
EIN: 76-0178498**

**2024 FORM 5500, PART I, LINE  
A ATTACHMENT 1**

The Insperity 401(k) Plan is a single employer plan which is operated consistent with the requirements for a “Multiple Employer Retirement Plan” as defined in Revenue Procedure 2002-21. Revenue Procedure 2002-21 defines a “Multiple Employer Retirement Plan” as a defined contribution plan (including a plan that includes a cash or deferred arrangement described in section 401(k)) intended to satisfy the requirements of section 401(a) or section 403(a), and section 413(c), under which each Client Organization is “treated as” an employer.

# Supplemental Schedule

**Insperity 401(k) Plan**  
**EIN #76-0178498 Plan #001**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

<b>Identity of Issue</b>	<b>Description of Investment</b>	<b>Current Value</b>
Pooled separate accounts:		
New York Life Insurance Company	New York Life Ins Co Anchor Account Fund	\$ 309,664,270
Common/collective trust funds:		
Metropolitan West	MetWest Total Return Bond Fund (C)	98,938,191
State Street Global Advisors Trust	SSgA Global All Cap Eq Ex-US Index Fund (K)	92,040,491
State Street Global Advisors Trust	SSgA Russell Small/Mid Cap Index Fund (K)	135,852,200
State Street Global Advisors Trust	SSgA S&P 500 Index Fund (K)	1,595,436,032
State Street Global Advisors Trust	SSgA U.S. Bond Index Fund (M)	72,247,625
State Street Global Advisors Trust	SSgA Target Retirement Income Fund (P)	94,692,170
State Street Global Advisors Trust	SSgA Target Retirement 2020 Fund (P)	120,277,709
State Street Global Advisors Trust	SSgA Target Retirement 2025 Fund (P)	391,871,563
State Street Global Advisors Trust	SSgA Target Retirement 2030 Fund (P)	590,520,988
State Street Global Advisors Trust	SSgA Target Retirement 2035 Fund (P)	666,438,781
State Street Global Advisors Trust	SSgA Target Retirement 2040 Fund (P)	636,113,346
State Street Global Advisors Trust	SSgA Target Retirement 2045 Fund (P)	675,651,685
State Street Global Advisors Trust	SSgA Target Retirement 2050 Fund (P)	616,547,799
State Street Global Advisors Trust	SSgA Target Retirement 2055 Fund (P)	463,137,228
State Street Global Advisors Trust	SSgA Target Retirement 2060 Fund (P)	255,506,414
State Street Global Advisors Trust	SSgA Target Retirement 2065 Fund (P)	75,053,952
T. Rowe Price	T. Rowe Price Blue Chip Growth Fund (T7)	730,173,853
Total common/collective trust funds		7,310,500,027
Mutual funds:		
American Funds	American Funds EUPAC Fund (R6)	201,678,847
Dodge & Cox	Dodge & Cox Stock Fund (X)	439,033,697
Harbor	Harbor Small Cap Growth Fund (Ret)	197,090,160
PIMCO	PIMCO All Asset Fund (Inst)	26,972,393
PIMCO	PIMCO Income Fund (Inst)	165,993,198
T. Rowe Price	T. Rowe Price Mid-Cap Growth Fund (I)	280,161,339
Victory Funds	Victory Sycamore Established Value Fund (R6)	181,178,351
William Blair	William Blair Small Cap Value Fund (R6)	117,266,121
Total mutual funds		1,609,374,106
*Participant loans	Varying maturity dates and interest rates ranging from 3.25% to 10.50%	118,844,329
Total		\$ 9,348,382,732
*Party-in-interest		