

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>JUSTWORKS RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	333	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JUSTWORKS EMPLOYMENT GROUP, LLC</u> <u>130 7TH AVENUE, SUITE 249</u> <u>NEW YORK, NY 10001</u>		1c Effective date of plan <u>04/01/2014</u>	
		2b Employer Identification Number (EIN) <u>46-2283648</u>	
		2c Plan Sponsor's telephone number <u>415-816-3375</u>	
		2d Business code (see instructions) <u>541214</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2018	LAUREL BALDWIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2011
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) 1837
a(2) Total number of active participants at the end of the plan year	6a(2) 5809
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 738
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 6547
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 6547
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 3694
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan JUSTWORKS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 JUSTWORKS EMPLOYMENT GROUP, LLC	D Employer Identification Number (EIN) 46-2283648

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	179434	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UHY LLP

20-0694403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	23500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	19145	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>JUSTWORKS RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JUSTWORKS EMPLOYMENT GROUP, LLC</u>	D Employer Identification Number (EIN) <u>46-2283648</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	242929	1462859
(2) Participant contributions	1b(2)	215968	1410207
(3) Other.....	1b(3)		5644
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	49824	492843
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6692664	59353433
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	7201385 62724986
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	24636 223413
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	24636 223413
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7176749 62501573

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	4751023
	(B) Participants	2a(1)(B)	14157582
	(C) Others (including rollovers)	2a(1)(C)	3669023
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	22577628
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	8501
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	8501
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	753406
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	753406
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3102370
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		26441905

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1953387	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1953387
f Corrective distributions (see instructions)	2f		7400
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	23500	
(2) Contract administrator fees	2i(2)	179434	
(3) Investment advisory and management fees	2i(3)	19145	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		222079
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2182866

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		24259039
l Transfers of assets:			
(1) To this plan.....	2l(1)		31612540
(2) From this plan	2l(2)		546755

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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: UHY LLP

(2) EIN: 20-0694403

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN	56-1952356	002
CREATE DIGITAL INC. PLAN	54-1930855	001
TRINET 401(K) PLAN	48-1304650	334
ADP TOTALSOURCE	59-2452823	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPARKREASTION 401(K) PLAN	46-2103913	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>JUSTWORKS RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JUSTWORKS EMPLOYMENT GROUP, LLC</u>	D Employer Identification Number (EIN) <u>46-2283648</u>

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	
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): <u>65-0708495</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

JUSTWORKS RETIREMENT SAVINGS PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2017 and 2016 and
for the year ended December 31, 2017

JUSTWORKS RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Justworks Retirement Savings Plan

We have audited the accompanying financial statements of the Justworks Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Participants and Plan Administrator of the
Justworks Retirement Savings Plan
Page Two

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Justworks Retirement Savings Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits for the year ended December 31, 2017, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule of Assets (Held at End of Year), is presented for the purpose 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The logo for UHY LLP, featuring the letters "UHY" in a stylized, cursive font, followed by "LLP" in a simpler, sans-serif font.

Sterling Heights, Michigan
October 12, 2018

JUSTWORKS RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2017	2016
ASSETS		
Cash	\$ -	\$ 10,021
Investments at fair value	59,353,433	6,682,643
Receivables		
Notes receivable from participants	492,843	49,824
Employer contributions	1,462,859	242,929
Participant contributions	1,410,207	215,969
Other	5,644	-
Total receivables	3,371,553	508,722
Total assets	62,724,986	7,201,386
LIABILITIES - excess contributions payable	223,413	24,636
Net assets available for benefits	\$ 62,501,573	\$ 7,176,750

JUSTWORKS RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2017

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income	
Net appreciation in the fair value of investments	\$ 3,102,369
Dividends	753,406
Interest income on notes receivable from participants	8,501
Contributions	
Employer	4,751,023
Participants	14,157,582
Rollovers	3,669,023
Total additions	26,441,904

Other

Benefits paid to participants	1,953,387
Corrective distributions	7,400
Administrative expenses	222,079
Total deductions	2,182,866

NET INCREASE IN NET ASSETS	24,259,038
TRANSFERS FROM OTHER PLANS	31,612,540
TRANSFERS TO OTHER PLANS	(546,755)
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	7,176,750
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ 62,501,573

JUSTWORKS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Justworks Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all eligible employees of Justworks Employment Group, LLC (the “Company”). The Justworks Retirement Savings Plan was established by Justworks Employment Group, LLC on March 31, 2014 and offers this 401(k) arrangement option to multiple employers. The Plan was amended on August 1, 2017 to allow Roth contributions.

All participating employers of this multiple employer plan have signed adoption agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each company's adopted plan agreement should be referred to by the participants for additional information regarding plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Custodian

National Financial Services LLC (Fidelity) is the Plan's custodian. National Financial Services LLC invests all participant and employer contributions, as well as earnings thereon, pursuant to the terms of the Plan.

Contributions

The Plan allows participants to elect to defer a portion of their compensation up to 100%, including any catch-up contributions for participants who have attained age 50, not to exceed the maximum amounts allowed for by the Internal Revenue Code (IRC) and the plan documents. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions, including their employer contribution, into various investment options offered by the Plan. The amount of the participant's deferred compensation is treated as a participant elective contribution, allocated to that participant's elective account, and is 100% vested at the time of contribution. Effective August 1, 2017, any portion of this contribution can be elected by the participant as a Roth contribution. The participating employer may also contribute a discretionary matching contribution or a discretionary profit-sharing contribution, as determined annually, to the Plan each year. Contributions are accumulated and invested, as directed by participants, in a trust fund held by the trustee.

JUSTWORKS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with an allocation of (a) the employer's discretionary matching contribution; (b) the employer's discretionary profit-sharing contribution; (c) the participants' voluntary contributions, transfer contributions, and rollover contributions; (d) plan earnings. The accounts are charged for any withdrawals, distributions, and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are fully vested immediately with respect to employee contributions, rollovers and earnings thereon. Each participating employer provides vesting of discretionary matching and profit-sharing contributions; see specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

Forfeitures

Forfeitures are used to pay plan expenses and to reduce employer contributions to the Plan. Total unallocated forfeitures at December 31, 2017 and 2016 amounted to \$219,682 and \$10,021, respectively.

Payment of Vested Benefits

Participants, or their beneficiaries, are entitled to receive the entire amount of their interests in the Plan upon retirement, death, total or permanent disability, employment termination, reaching the age of 59 ½ or qualifying for a hardship distribution, as defined in the Plan. A participant will be considered to have suffered a disability if he or she has an inability to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment that can be expected to result in death or which has lasted and can be expected to last for a continuous period of not less than 12 months. The Plan considers a participant disabled on the date the plan administrator determines the participant satisfies the definition of disability. On termination of service, a participant will receive a lump-sum amount equal to the value of his or her account. If the participants vested balance is less than \$5,000, the entire sum will be distributed in to an IRA as soon as possible following the participant's separation from service. If the participants vested balance is \$5,000 or greater consent is required to distribute the account balance, or roll it over into an IRA.

JUSTWORKS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the vested balance in the participant's account. The loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. The term of such loans may not exceed five years except in the case of a loan for the purchase of a principal residence which may not exceed fifteen years. Participants may have a maximum of one outstanding loan at a time. Principal and interest is paid ratably, through payroll deductions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of certain accounting policies followed in the preparation of these financial statements.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee, and insurance company. See Note 3 for discussion of fair value measurements.

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

JUSTWORKS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRC are recorded as a liability with the corresponding reduction to contributions. The Plan did not distribute the 2017 excess contributions to the applicable participants prior to March 15, 2018, therefore, the plan sponsor is subject to a 10% excise tax.

Payments of Benefits

Benefits are recorded when paid. At December 31, 2017 and 2016, there were requested distributions that had not been paid as of the plan year end in the amount of \$265,156 and \$40,574, respectively.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the plan sponsor. Expenses paid by the plan sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and participant distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 12, 2018, the date the financial statements were available to be issued, and has determined that there are no material events that have occurred during this period.

JUSTWORKS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 3 – FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

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

JUSTWORKS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016.

Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Mutual funds	<u>\$59,133,751</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$59,133,751</u>
Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Mutual funds	<u>\$ 6,682,643</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,682,643</u>

For the year ended December 31, 2017, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTE 4 – TAX STATUS

The Plan uses a prototype plan sponsored by Slavic Integrated Administration, Inc. The Internal Revenue Service (IRS) has determined and informed the plan sponsor by a letter dated March 31, 2014, that the prototype plan and related trust are designed in accordance with applicable sections of the IRC. The Plan itself is not required to and has not received a determination letter from the IRS. Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

JUSTWORKS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2017, there were direct fees of \$222,079, and there were transactions involving the recordkeeping of the Plan's activity maintained by Slavic Integrated Administration Inc., the investment of plan assets in investment funds managed by Slavic Mutual Funds Management Corp, and audit services related to the Plan charged by UHY LLP, parties-in-interest as defined in Section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net appreciation of the fair value of investments.

NOTE 6 – PLAN TERMINATION

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

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

SUPPLEMENTARY INFORMATION

JUSTWORKS RETIREMENT SAVINGS PLAN

EIN # 46-2283648, Plan # 333

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2017

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	Slavic Integrated Administration, Inc.	American Funds EuroPacific R6	\$ 2,631,283
*	Slavic Integrated Administration, Inc.	DFA Emerging Markets Core Equity	1,497,867
*	Slavic Integrated Administration, Inc.	DFA Emerging Markets Social Core Portfol	158,529
*	Slavic Integrated Administration, Inc.	DFA Inflation Protected SEC Port	75,932
*	Slavic Integrated Administration, Inc.	DFA International Sustainability Core 1	48,464
*	Slavic Integrated Administration, Inc.	DFA Social Equity Core 2	34,045
*	Slavic Integrated Administration, Inc.	DFA US Large Cap Value Prtf Instl	583,442
*	Slavic Integrated Administration, Inc.	Fidelity 500 Index Premium	2,347,309
*	Slavic Integrated Administration, Inc.	Fidelity Advisor Materials I	225,541
*	Slavic Integrated Administration, Inc.	Fidelity Advisor Technology	811,865
*	Slavic Integrated Administration, Inc.	Franklin Utilities R6	86,832
*	Slavic Integrated Administration, Inc.	Frankline Gold and Precious Metals	103,205
*	Slavic Integrated Administration, Inc.	JPMorgan Core Plus Bond Fund R6	249,042
*	Slavic Integrated Administration, Inc.	JPMorgan US Research Enhanced Equity	185,215
*	Slavic Integrated Administration, Inc.	Oppenheimer Gold & Special Minerals I	133
*	Slavic Integrated Administration, Inc.	Prudential High Yield Z	294,643
*	Slavic Integrated Administration, Inc.	Vanguard Energy Admiral	213,772
*	Slavic Integrated Administration, Inc.	Vanguard Federal Money Market	4,744,884
*	Slavic Integrated Administration, Inc.	Vanguard FTSE Social Index	219,577
*	Slavic Integrated Administration, Inc.	Vanguard Growth Index Admiral	1,647,930
*	Slavic Integrated Administration, Inc.	Vanguard Industrial Index Admiral	1,560,223
*	Slavic Integrated Administration, Inc.	Vanguard Mid Cap Growth Index Admiral	543,737
*	Slavic Integrated Administration, Inc.	Vanguard Mid Cap Index Admiral	623,110
*	Slavic Integrated Administration, Inc.	Vanguard Mid Cap Value Index Admiral	501,088
*	Slavic Integrated Administration, Inc.	Vanguard Money Market Prime	124
*	Slavic Integrated Administration, Inc.	Vanguard Real Estate Index Admiral	534,963
*	Slavic Integrated Administration, Inc.	Vanguard Short Term Bond Index Admiral	117,118
*	Slavic Integrated Administration, Inc.	Vanguard Short Term Federal Admiral	7,205,730
*	Slavic Integrated Administration, Inc.	Vanguard Small Cap Growth Index Adm	568,988
*	Slavic Integrated Administration, Inc.	Vanguard Small Cap Index Admiral	739,656
*	Slavic Integrated Administration, Inc.	Vanguard Small Cap Value Index Adm	556,412
*	Slavic Integrated Administration, Inc.	Vanguard Target Retirement 2020	212,009
*	Slavic Integrated Administration, Inc.	Vanguard Target Retirement 2025	128,395
*	Slavic Integrated Administration, Inc.	Vanguard Target Retirement 2030	308,931
*	Slavic Integrated Administration, Inc.	Vanguard Target Retirement 2040	1,045,749
*	Slavic Integrated Administration, Inc.	Vanguard Target Retirement 2045	1,951,388
*	Slavic Integrated Administration, Inc.	Vanguard Target Retirement 2050	1,536,048
*	Slavic Integrated Administration, Inc.	Vanguard Target Retirement 2055	1,248,691
*	Slavic Integrated Administration, Inc.	Vanguard Target Retirement 2060	347,959
*	Slavic Integrated Administration, Inc.	Vanguard Target Retirement 2065	26,328
*	Slavic Integrated Administration, Inc.	Vanguard Target Retirement Income	55,301
*	Slavic Integrated Administration, Inc.	Vanguard Total Bond Market Index Admiral	806,070
*	Slavic Integrated Administration, Inc.	Vanguard Total Int'l Stock Index Admiral	1,772,255
*	Slavic Integrated Administration, Inc.	Vanguard Total Retirement 2025	694,172
*	Slavic Integrated Administration, Inc.	Vanguard Total Stock Market Index Admira	20,109,478
			59,353,433
*	Notes receivable from participants	Notes receivable from participants (interest rates range from 4.25 to 6.0%) due at various dates through September 2024)	492,843
			\$ 59,846,276

See independent auditor's report.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

Justworks Retirement Savings Plan

Plan #333

EIN #: 46-2283648

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	American Funds	RERGX - American Funds EuroPacifc R6		2,631,283.10
	DFA	DFCEX - DFA Emerging Markets Core Equity		1,497,867.37
	DFA	DFESX - DFA Emerging Markets Social Core Portfol		158,529.13
	DFA	DFLVX - DFA US Large Cap Value Prtf Instl		583,441.93
	DFA	DFSPX - DFA International Sustainability Core 1		48,464.10
	DFA	DIPSX - DFA Inflation Protected SEC Port		75,932.47
	Dreyfus Funds	DFUEX - DFA Social Equity Core 2		34,044.81
	Fidelity	FATIX - Fidelity Advisor Technology		811,865.17
	Fidelity	FMFEX - Fidelity Advisor Materials I		225,540.77
	Fidelity	FUSVX - Fidelity 500 Index Premium		2,347,309.34
	Franklin/Templeton	FGADX - Franklin Gold and Precious Metals		103,205.49
	Franklin/Templeton	FUFRX - Franklin Utilities R6		86,832.16
	JPMorgan	JCPUX - JPMorgan Core Plus Bond Fund R6		249,041.90
	JPMorgan	JPIEX - JPMorgan US Research Enhanced Equity L		185,214.91
	MFS	MMUFX - MFS Utilities A		-
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		132.98
	PIMCO	PTTRX - PIMCO Total Return Inst		-
	Prudential	PHYZX - Prudential High Yield Z		294,643.40
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		117,118.08
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		806,069.84
	Vanguard	VFFVX - Vanguard Target Retirement 2055		1,248,690.62
	Vanguard	VFIFX - Vanguard Target Retirement 2050		1,536,048.48
	Vanguard	VFORX - Vanguard Target Retirement 2040		1,045,749.49
	Vanguard	VFTSX - Vanguard FTSE Social Index		219,576.81
	Vanguard	VGELX - Vanguard Energy Admiral		213,772.04
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		534,963.12
	Vanguard	VIGAX - Vanguard Growth Index Admiral		1,647,929.86
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		623,109.64
	Vanguard	VINAX - Vanguard Industrial Index Admiral		1,560,223.15
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		26,328.02
	Vanguard	VMFXX - Vanguard Federal Money Market		4,744,884.32
	Vanguard	VMGMX - Vanguard Mid Cap Growth Index Admiral		543,737.21
	Vanguard	VMGRX - Vanguard Mid Cap Growth		-
	Vanguard	VMMXX - Vanguard Money Market Prime		124.36
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		501,087.54
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		568,987.97
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		7,205,729.73
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		556,411.59
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		739,656.29
	Vanguard	VTHRX - Vanguard Target Retirement 2030		308,931.04
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		1,772,254.61
	Vanguard	VTINX - Vanguard Target Retirement Income		55,300.83
	Vanguard	VTIVX - Vanguard Target Retirement 2045		1,951,388.32
	Vanguard	VTSAAX - Vanguard Total Stock Market Index Admira		20,109,477.64
	Vanguard	VTTHX - Vanguard Target Retirement 2035		694,172.06
	Vanguard	VTTSX - Vanguard Target Retirement 2060		347,958.72
	Vanguard	VTTVX - Vanguard Target Retirement 2025		128,394.62
	Vanguard	VTWNX - Vanguard Target Retirement 2020		212,007.96
	Wells Fargo	EKWAX - Wells Fargo Precious Metals		-
	Participant Loans	4.25% to 6.00%		492,843

Multiple-Employer Plan Participating Employer Information

Justworks Retirement Savings Plan		Plan #333	EIN # 46-2283648
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
Client 1	XX-XXX3453	0.09%	
Client 2	XX-XXX8793	0.07%	
Client 3	XX-XXX2925	0.24%	
Client 4	XX-XXX4440	0.04%	
Client 5	XX-XXX5489	0.15%	
Client 6	XX-XXX2717	0.71%	
Client 7	XX-XXX5133	0.00%	
Client 8	XX-XXX7642	0.14%	
Client 9	XX-XXX0506	0.43%	
Client 10	XX-XXX2376	0.03%	
Client 11	XX-XXX5291	0.50%	
Client 12	XX-XXX4508	1.48%	
Client 13	XX-XXX1605	0.01%	
Client 14	XX-XXX8439	0.23%	
Client 15	XX-XXX9861	0.28%	
Client 16	XX-XXX3748	0.01%	
Client 17	XX-XXX8488	1.37%	
Client 18	XX-XXX5200	0.56%	
Client 19	XX-XXX4593	0.03%	
Client 20	XX-XXX8185	0.12%	
Client 21	XX-XXX7837	0.04%	
Client 22	XX-XXX1431	0.00%	
Client 23	XX-XXX1816	1.17%	
Client 24	XX-XXX7651	0.04%	
Client 25	XX-XXX0582	0.01%	
Client 26	XX-XXX0119	0.37%	
Client 27	XX-XXX6847	0.27%	
Client 28	XX-XXX1723	1.30%	
Client 29	XX-XXX3665	0.43%	
Client 30	XX-XXX9300	0.11%	
Client 31	XX-XXX9909	0.23%	
Client 32	XX-XXX0384	0.03%	
Client 33	XX-XXX3904	0.01%	
Client 34	XX-XXX1099	0.12%	
Client 35	XX-XXX8721	0.02%	
Client 36	XX-XXX1990	0.00%	
Client 37	XX-XXX5210	0.00%	
Client 38	XX-XXX3277	0.30%	
Client 39	XX-XXX4898	0.06%	
Client 40	XX-XXX2530	0.21%	
Client 41	XX-XXX4958	0.04%	
Client 42	XX-XXX3773	0.00%	
Client 43	XX-XXX7371	0.06%	
Client 44	XX-XXX8589	0.01%	
Client 45	XX-XXX4737	0.02%	
Client 46	XX-XXX8907	0.11%	
Client 47	XX-XXX2267	0.01%	
Client 48	XX-XXX8438	0.68%	
Client 49	XX-XXX2919	0.66%	
Client 50	XX-XXX9888	0.08%	
Client 51	XX-XXX6450	0.02%	
Client 52	XX-XXX7680	0.13%	
Client 53	XX-XXX8795	0.39%	
Client 54	XX-XXX9230	0.10%	
Client 55	XX-XXX3354	0.88%	
Client 56	XX-XXX3430	0.49%	
Client 57	XX-XXX0620	0.16%	
Client 58	XX-XXX8774	0.00%	

Justworks Retirement Savings Plan		Plan #333	EIN # 46-2283648
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
Client 59	XX-XXX1611	0.00%	
Client 60	XX-XXX3712	0.89%	
Client 61	XX-XXX7640	0.05%	
Client 62	XX-XXX9655	0.81%	
Client 63	XX-XXX7244	0.38%	
Client 64	XX-XXX1600	0.10%	
Client 65	XX-XXX7519	0.08%	
Client 66	XX-XXX5634	0.03%	
Client 67	XX-XXX1403	0.25%	
Client 68	XX-XXX2989	0.07%	
Client 69	XX-XXX0584	0.63%	
Client 70	XX-XXX4462	0.03%	
Client 71	XX-XXX3190	0.71%	
Client 72	XX-XXX9801	0.04%	
Client 73	XX-XXX4153	0.43%	
Client 74	XX-XXX1637	0.01%	
Client 75	XX-XXX2127	0.82%	
Client 76	XX-XXX7034	0.31%	
Client 77	XX-XXX3104	0.00%	
Client 78	XX-XXX5358	0.12%	
Client 79	XX-XXX6220	0.00%	
Client 80	XX-XXX5723	0.01%	
Client 81	XX-XXX4329	0.18%	
Client 82	XX-XXX7538	0.04%	
Client 83	XX-XXX5365	0.01%	
Client 84	XX-XXX7011	0.24%	
Client 85	XX-XXX2076	0.87%	
Client 86	XX-XXX6759	0.09%	
Client 87	XX-XXX2623	0.11%	
Client 88	XX-XXX2567	0.12%	
Client 89	XX-XXX3137	0.02%	
Client 90	XX-XXX2179	0.32%	
Client 91	XX-XXX6718	0.03%	
Client 92	XX-XXX7372	0.03%	
Client 93	XX-XXX4837	0.01%	
Client 94	XX-XXX0498	0.55%	
Client 95	XX-XXX9362	0.01%	
Client 96	XX-XXX0969	0.00%	
Client 97	XX-XXX3038	0.23%	
Client 98	XX-XXX7049	0.05%	
Client 99	XX-XXX1477	0.55%	
Client 100	XX-XXX1549	1.29%	
Client 101	XX-XXX0647	0.34%	
Client 102	XX-XXX3898	0.27%	
Client 103	XX-XXX6412	0.01%	
Client 104	XX-XXX9397	0.02%	
Client 105	XX-XXX6103	0.04%	
Client 106	XX-XXX9289	0.22%	
Client 107	XX-XXX8451	0.07%	
Client 108	XX-XXX9011	0.02%	
Client 109	XX-XXX6718	0.01%	
Client 110	XX-XXX0612	0.05%	
Client 111	XX-XXX3383	0.32%	
Client 112	XX-XXX0217	0.16%	
Client 113	XX-XXX5216	0.63%	
Client 114	XX-XXX4177	0.10%	
Client 115	XX-XXX1987	0.14%	
Client 116	XX-XXX4680	0.87%	
Client 117	XX-XXX1400	0.19%	
Client 118	XX-XXX5240	0.13%	
Client 119	XX-XXX4245	0.15%	
Client 120	XX-XXX1365	0.00%	
Client 121	XX-XXX0242	0.80%	

Justworks Retirement Savings Plan		Plan #333	EIN # 46-2283648
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
Client 122	XX-XXX6311	0.25%	
Client 123	XX-XXX8640	1.05%	
Client 124	XX-XXX5125	0.16%	
Client 125	XX-XXX4767	0.33%	
Client 126	XX-XXX8157	0.21%	
Client 127	XX-XXX4082	1.21%	
Client 128	XX-XXX1962	0.26%	
Client 129	XX-XXX9653	0.29%	
Client 130	XX-XXX1644	0.01%	
Client 131	XX-XXX1085	0.49%	
Client 132	XX-XXX5288	0.20%	
Client 133	XX-XXX9469	0.13%	
Client 134	XX-XXX7220	0.00%	
Client 135	XX-XXX6376	0.57%	
Client 136	XX-XXX7759	0.02%	
Client 137	XX-XXX4098	0.01%	
Client 138	XX-XXX1219	0.00%	
Client 139	XX-XXX0698	0.41%	
Client 140	XX-XXX5805	0.13%	
Client 141	XX-XXX4041	0.01%	
Client 142	XX-XXX7961	0.05%	
Client 143	XX-XXX7704	0.24%	
Client 144	XX-XXX0890	0.13%	
Client 145	XX-XXX5591	0.28%	
Client 146	XX-XXX5890	0.40%	
Client 147	XX-XXX8888	0.28%	
Client 148	XX-XXX0813	0.33%	
Client 149	XX-XXX7830	0.09%	
Client 150	XX-XXX0416	2.22%	
Client 151	XX-XXX3250	0.20%	
Client 152	XX-XXX2767	0.00%	
Client 153	XX-XXX0486	0.10%	
Client 154	XX-XXX0035	0.13%	
Client 155	XX-XXX6438	0.32%	
Client 156	XX-XXX3908	0.06%	
Client 157	XX-XXX0204	0.05%	
Client 158	XX-XXX3190	1.74%	
Client 159	XX-XXX3253	0.28%	
Client 160	XX-XXX0419	0.17%	
Client 161	XX-XXX3832	0.00%	
Client 162	XX-XXX4219	0.03%	
Client 163	XX-XXX8002	0.17%	
Client 164	XX-XXX3648	4.56%	
Client 165	XX-XXX8742	0.30%	
Client 166	XX-XXX2099	0.01%	
Client 167	XX-XXX4684	0.33%	
Client 168	XX-XXX9258	0.04%	
Client 169	XX-XXX3640	0.00%	
Client 170	XX-XXX5193	0.04%	
Client 171	XX-XXX9388	0.06%	
Client 172	XX-XXX4547	0.17%	
Client 173	XX-XXX1233	0.49%	
Client 174	XX-XXX4289	0.08%	
Client 175	XX-XXX3885	0.24%	
Client 176	XX-XXX1970	0.00%	
Client 177	XX-XXX0384	0.11%	
Client 178	XX-XXX8332	0.64%	
Client 179	XX-XXX7606	0.01%	
Client 180	XX-XXX1384	0.30%	
Client 181	XX-XXX5074	0.19%	
Client 182	XX-XXX2738	0.45%	
Client 183	XX-XXX6004	0.84%	
Client 184	XX-XXX0239	0.58%	

Justworks Retirement Savings Plan		Plan #333	EIN # 46-2283648
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
Client 185	XX-XXX9638	0.31%	
Client 186	XX-XXX2382	0.03%	
Client 187	XX-XXX0345	0.03%	
Client 188	XX-XXX2746	0.10%	
Client 189	XX-XXX1757	0.08%	
Client 190	XX-XXX7685	0.08%	
Client 191	XX-XXX6074	0.05%	
Client 192	XX-XXX2559	0.12%	
Client 193	XX-XXX1141	0.29%	
Client 194	XX-XXX1351	0.01%	
Client 195	XX-XXX1931	0.30%	
Client 196	XX-XXX2048	0.11%	
Client 197	XX-XXX4314	0.49%	
Client 198	XX-XXX0486	0.04%	
Client 199	XX-XXX6962	1.04%	
Client 200	XX-XXX6257	0.09%	
Client 201	XX-XXX8357	0.63%	
Client 202	XX-XXX9144	0.20%	
Client 203	XX-XXX2746	0.01%	
Client 204	XX-XXX9350	0.50%	
Client 205	XX-XXX3368	0.66%	
Client 206	XX-XXX8851	0.20%	
Client 207	XX-XXX2035	0.42%	
Client 208	XX-XXX8597	0.00%	
Client 209	XX-XXX0291	0.00%	
Client 210	XX-XXX7285	0.05%	
Client 211	XX-XXX6452	0.09%	
Client 212	XX-XXX5084	0.07%	
Client 213	XX-XXX8493	0.17%	
Client 214	XX-XXX4928	0.05%	
Client 215	XX-XXX5358	0.14%	
Client 216	XX-XXX1516	0.13%	
Client 217	XX-XXX9114	0.26%	
Client 218	XX-XXX7946	0.10%	
Client 219	XX-XXX8449	0.09%	
Client 220	XX-XXX1898	0.09%	
Client 221	XX-XXX4375	0.46%	
Client 222	XX-XXX4510	0.02%	
Client 223	XX-XXX8195	0.18%	
Client 224	XX-XXX2713	0.02%	
Client 225	XX-XXX8297	0.02%	
Client 226	XX-XXX1693	0.23%	
Client 227	XX-XXX0573	0.27%	
Client 228	XX-XXX4603	0.22%	
Client 229	XX-XXX9346	0.14%	
Client 230	XX-XXX0410	0.20%	
Client 231	XX-XXX4783	0.02%	
Client 232	XX-XXX3168	0.23%	
Client 233	XX-XXX2696	0.13%	
Client 234	XX-XXX1220	1.54%	
Client 235	XX-XXX9887	0.08%	
Client 236	XX-XXX1947	0.00%	
Client 237	XX-XXX5966	0.23%	
Client 238	XX-XXX6065	0.03%	
Client 239	XX-XXX5352	0.01%	
Client 240	XX-XXX0512	0.14%	
Client 241	XX-XXX2977	0.12%	
Client 242	XX-XXX0216	0.03%	
Client 243	XX-XXX4886	0.04%	
Client 244	XX-XXX1578	0.24%	
Client 245	XX-XXX7028	0.64%	
Client 246	XX-XXX6380	0.52%	
Client 247	XX-XXX8094	0.13%	

Justworks Retirement Savings Plan		Plan #333	EIN # 46-2283648
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
Client 248	XX-XXX5968	0.04%	
Client 249	XX-XXX5070	0.22%	
Client 250	XX-XXX6711	0.12%	
Client 251	XX-XXX9724	0.59%	
Client 252	XX-XXX2057	0.10%	
Client 253	XX-XXX7454	0.31%	
Client 254	XX-XXX6578	0.17%	
Client 255	XX-XXX8269	0.01%	
Client 256	XX-XXX4051	0.10%	
Client 257	XX-XXX9556	0.09%	
Client 258	XX-XXX1628	0.40%	
Client 259	XX-XXX7605	0.40%	
Client 260	XX-XXX0208	0.09%	
Client 261	XX-XXX6814	0.14%	
Client 262	XX-XXX9183	0.12%	
Client 263	XX-XXX4746	0.06%	
Client 264	XX-XXX7629	0.23%	
Client 265	XX-XXX7836	1.41%	
Client 266	XX-XXX6096	0.05%	
Client 267	XX-XXX5867	0.03%	
Client 268	XX-XXX9500	0.47%	
Client 269	XX-XXX9012	2.34%	
Client 270	XX-XXX7740	0.04%	
Client 271	XX-XXX2194	0.09%	
Client 272	XX-XXX9313	0.23%	
Client 273	XX-XXX5013	0.01%	
Client 274	XX-XXX3965	0.05%	
Client 275	XX-XXX3295	0.24%	
Client 276	XX-XXX0498	1.89%	
Client 277	XX-XXX0539	0.92%	
Client 278	XX-XXX5298	0.35%	
Client 279	XX-XXX7039	0.61%	
Client 280	XX-XXX8275	0.16%	
Client 281	XX-XXX1388	0.01%	
Client 282	XX-XXX8192	0.83%	
Client 283	XX-XXX6931	1.38%	
Client 284	XX-XXX3210	0.01%	
Client 285	XX-XXX9901	0.13%	
Client 286	XX-XXX0948	0.35%	
Client 287	XX-XXX1484	0.02%	
Client 288	XX-XXX8146	0.03%	
Client 289	XX-XXX7219	0.03%	
Client 290	XX-XXX8905	0.67%	
Client 291	XX-XXX5048	0.14%	
Client 292	XX-XXX8712	0.02%	
Client 293	XX-XXX6582	0.30%	
Client 294	XX-XXX0312	0.02%	
Client 295	XX-XXX7351	0.44%	
Client 296	XX-XXX7547	0.46%	
Client 297	XX-XXX0908	0.67%	
Client 298	XX-XXX0832	0.04%	
Client 299	XX-XXX3913	0.04%	
Client 300	XX-XXX2221	0.35%	
Client 301	XX-XXX0811	0.03%	
Client 302	XX-XXX3829	0.02%	
Client 303	XX-XXX4600	0.02%	
Client 304	XX-XXX4521	0.08%	
Client 305	XX-XXX6766	0.01%	
Client 306	XX-XXX2291	0.05%	
Client 307	XX-XXX3948	0.23%	
Client 308	XX-XXX0839	0.00%	
Client 309	XX-XXX7307	0.03%	
Client 310	XX-XXX6541	0.86%	

Justworks Retirement Savings Plan		Plan #333	EIN # 46-2283648
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
Client 311	XX-XXX9659	0.79%	
Client 312	XX-XXX7468	0.05%	
Client 313	XX-XXX6783	0.01%	
Client 314	XX-XXX9029	0.03%	
Client 315	XX-XXX1394	0.23%	
Client 316	XX-XXX8760	0.02%	
Client 317	XX-XXX5026	0.04%	
Client 318	XX-XXX6426	0.06%	
Client 319	XX-XXX8551	0.04%	
Client 320	XX-XXX1900	0.01%	
Client 321	XX-XXX6016	0.71%	
Client 322	XX-XXX9743	0.01%	
Client 323	XX-XXX3554	0.10%	
Client 324	XX-XXX2763	0.24%	
Client 325	XX-XXX6574	0.21%	
Client 326	XX-XXX3197	0.54%	
Client 327	XX-XXX6999	0.22%	
Client 328	XX-XXX6332	0.64%	
Client 329	XX-XXX1231	0.51%	
Client 330	XX-XXX2993	0.08%	
Client 331	XX-XXX3560	0.01%	
Client 332	XX-XXX7417	1.92%	
Client 333	XX-XXX1652	0.76%	
Client 334	XX-XXX0084	0.08%	
Client 335	XX-XXX9854	0.15%	
Client 336	XX-XXX5231	0.11%	
Client 337	XX-XXX2226	0.11%	
Client 338	XX-XXX8820	0.24%	
Client 339	XX-XXX5416	0.02%	
Client 340	XX-XXX1141	0.50%	
Client 341	XX-XXX3349	0.34%	
Client 342	XX-XXX0509	0.20%	
Client 343	XX-XXX9336	0.05%	
Client 344	XX-XXX4588	0.01%	
Client 345	XX-XXX8657	0.43%	
Client 346	XX-XXX3144	0.36%	
Client 347	XX-XXX2262	1.38%	
Client 348	XX-XXX7366	0.50%	
Client 349	XX-XXX7186	0.05%	
Client 350	XX-XXX9278	0.23%	
Client 351	XX-XXX8586	0.04%	
Client 352	XX-XXX2546	0.06%	
Client 353	XX-XXX9484	0.21%	
Client 354	XX-XXX1408	0.42%	
Client 355	XX-XXX1300	0.21%	
Client 356	XX-XXX5862	0.04%	
Client 357	XX-XXX6167	0.21%	
Client 358	XX-XXX6943	0.02%	
Client 359	XX-XXX3104	0.69%	
Client 360	XX-XXX1076	0.20%	
Client 361	XX-XXX4252	0.02%	
Client 362	XX-XXX0046	0.28%	
Client 363	XX-XXX5260	0.65%	
Client 364	XX-XXX7630	0.01%	
Client 365	XX-XXX0853	0.01%	