

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 2020 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>TPG GLOBAL, LLC 401(K) PROFIT SHARING PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
			1c Effective date of plan <u>01/01/1994</u>
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>TPG GLOBAL, LLC</u> <u>301 COMMERCE STREET</u> <u>SUITE 3300</u> <u>FORT WORTH, TX 76102</u>		2b Employer Identification Number (EIN) <u>90-0775526</u> 2c Plan Sponsor's telephone number <u>817-871-4692</u> 2d Business code (see instructions) <u>523900</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.	10/15/2021	CINDY RANDES
	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 (2020)
v. 200204

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	1489
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)	1006
a(2) Total number of active participants at the end of the plan year		6a(2)	1038
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	525
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1563
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1563
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1562
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	100
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 2T 3D 3H			
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	
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) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan TPG GLOBAL, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TPG GLOBAL, LLC	D Employer Identification Number (EIN) 90-0775526	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27	ADVISOR	24957	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	2761	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVS DEVELOP MKT Y - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
J H GLB TECH INNV I - JANUS SERVIC 43-1804048	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP HEALTH SCIENCES - T. ROWE PRIC 52-2269240	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVS DEVELOP MKT Y - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
J H GLB TECH INNV I - JANUS SERVIC 43-1804048	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP HEALTH SCIENCES - T. ROWE PRIC 52-2269240	0.15%	

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 2020 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>TPG GLOBAL, LLC 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TPG GLOBAL, LLC</u>	D Employer Identification Number (EIN) <u>90-0775526</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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15196511	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1219653	1022884
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	252496720	338056303
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	268912884	339079187

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	268912884	339079187
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	14604714	
(B) Participants	2a(1)(B)	15090913	
(C) Others (including rollovers).....	2a(1)(C)	3349093	
(2) Noncash contributions	2a(2)	0	33044720
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	67950	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		67950
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	12011860
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	12011860	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12011860
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		41918318
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		87042848

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16695101	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		16695101
f Corrective distributions (see instructions)	2f		26559
g Certain deemed distributions of participant loans (see instructions).....	2g		-10057
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	24957	
(4) Other.....	2i(4)	2761	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		27718
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		16739321

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		70303527
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		137224

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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	6063

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		335000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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)
TRINET SELECT 401K PLAN	13-3867443	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 _____.

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 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan TPG GLOBAL, LLC 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TPG GLOBAL, LLC		D Employer Identification Number (EIN) 90-0775526
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): 04-6568107		
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) 2020 v. 200204

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
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): _____

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

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

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

TPG GLOBAL, LLC
401(k) PROFIT SHARING PLAN

Employer ID No: 90-0775526
Plan Number: 001

Financial Statements as of December 31, 2020 and 2019
and for the Year Ended December 31, 2020
and Supplemental Schedules
as of and for the Year Ended December 31, 2020
(With Independent Auditors' Report Thereon)

TPG GLOBAL, LLC
401(k) PROFIT SHARING PLAN

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits, December 31, 2020 and 2019	3
Statement of Changes in Net Assets Available for Benefits, Year ended December 31, 2020	4
Notes to Financial Statements	5
Supplemental Schedule*	
Supplemental Schedule—Form 5500, Schedule H, Line 4i—Schedule of Assets (Held at End of Year), December 31, 2020	13
Supplemental Schedule—Form 5500, Schedule H, Line 4a—Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2020	14
 * All other schedules required by 29 CFR Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.	

Independent Auditors' Report

To the Plan Administrator of the
ITPG Global, LLC. 401(k) Profit Sharing Plan

We were engaged to audit the accompanying financial statements of the TPG Global, LLC. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

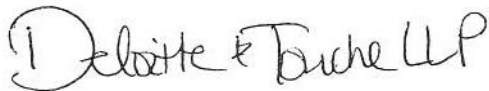
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

The supplemental schedule of assets (held at end of year) as of December 31, 2020 and schedule of delinquent participant contributions for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in dark ink that reads "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

October 14, 2021

TPG GLOBAL, LLC 401(k) PROFIT SHARING PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2020 AND 2019**

	2020	2019
ASSETS:		
Investments—at fair value:		
Mutual funds	\$ 312,943,843	\$ 252,496,720
Vanguard Prime Money Market Fund	<u>25,112,460</u>	<u>15,196,511</u>
Total investments	338,056,303	267,693,231
NOTES RECEIVABLE FROM PARTICIPANTS	<u>1,022,884</u>	<u>1,229,734</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 339,079,187</u>	<u>\$ 268,922,965</u>

See accompanying notes to financial statements.

TPG GLOBAL, LLC 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2020

ADDITIONS:

Investment income:

Interest and dividend income	\$ 12,011,835
Net appreciation in fair value of mutual funds	<u>41,918,318</u>

Net investment income	<u>53,930,153</u>
-----------------------	-------------------

Interest income on notes receivable from participants	<u>67,950</u>
---	---------------

Other	<u>155,690</u>
-------	----------------

Contributions:

Employer	14,604,714
Participants	15,090,913
Participants rollover	<u>3,349,093</u>

Total contributions	<u>33,044,720</u>
---------------------	-------------------

Total additions	<u>87,198,513</u>
-----------------	-------------------

DEDUCTIONS:

Benefits paid to participants	16,721,660
Administrative fee	<u>183,407</u>

Total deductions	<u>16,905,067</u>
------------------	-------------------

Net increase before plan transfers	70,293,446
------------------------------------	------------

Transfer Out	(137,224)
--------------	-----------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>268,922,965</u>
-------------------	--------------------

End of year	<u>\$ 339,079,187</u>
-------------	-----------------------

See accompanying notes to financial statements.

TPG GLOBAL, LLC 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2020 AND 2019 AND FOR THE YEAR ENDED DECEMBER 31, 2020

(1) Description of the Plan

The following description of the TPG Global, LLC 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

(a) General

The Plan is a defined contribution plan established by TPG Global, LLC (the “Company”, Plan “Administrator”, or “Employer”) for the employees of TPG Global, LLC, and certain affiliated entities. Effective April 1, 2020 Sixth Street Partners (“SSP”) and any of their affiliated entities became unrelated to the TPG Global, LLC Plan but were allowed to participate in the Plan through December 31, 2020. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Company is the Plan Administrator, and Fidelity Management Trust Company (the “Trustee” or “Fidelity”) is trustee, and Fidelity Investments Institutional Operations Company, Inc., a wholly owned subsidiary of Fidelity, is the recordkeeper of the Plan.

(b) Contributions

All employees, excluding temporary employees, who have completed at least 1 hour of service are eligible for participation in the Plan. Under the Plan, participants may voluntarily defer a portion of their compensation, ranging from 1% to 90%, by contributing to the Plan; however, such pre-tax or Roth contributions may not exceed a defined amount (\$19,500 in 2020). Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch up contributions, up to \$6,500 in 2020. Thereafter such amount will be subject to cost-of-living increases.

Additionally, the Company will make a matching contribution of up to 5% of participants’ eligible compensation. The Company may also make discretionary contributions. Discretionary contributions are allocated to participants pro rata on the basis of eligible compensation paid to all participants. During the year ended December 31, 2020, discretionary contributions of \$5,668,932 were made to the Plan.

An eligible employee, prior to satisfying the Plan’s participation conditions, may make a rollover contribution from another qualified plan to the Plan to the same extent and in the same manner as a participant.

Plan investment decisions are made at the discretion of the participants, and as such, the Plan is participant directed. Participants may choose from a variety of investment options including mutual funds and an interest bearing money market fund selected by the Company.

(c) Plan Administration

In accordance with the trust agreement, the Plan’s assets and income therefrom are held and administered by the Trustee. The Company has responsibility for making Employer contributions, appointing and removing the Trustee, establishing a funding policy and method, and amending or terminating the Plan.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's matching contribution and discretionary contribution and Plan earnings. Participant accounts are also charged with withdrawals and an allocation of Plan losses and administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(e) Expenses

All costs and expenses in administering the Plan are paid by the Plan unless paid by the Employer. Expenses that are paid by the Employer are excluded from the financial statements. Investment related expenses are included in net appreciation of the fair value of investments.

(f) Payment of Benefits

Upon termination of service due to death, disability, retirement, or other reasons, or upon request after attaining normal retirement age, vested account balances less than \$1,000 are distributed in lump sum payments. Vested account balances exceeding \$1,000 are distributed in one of the following manners:

- Lump sum distributions;
- Periodic installments;
- Direct rollover to an IRA or another eligible retirement plan; or
- Combination of cash and direct rollover distribution.

(g) Vesting

In general, participants' Employer contributions and related earnings vest in five years. However, participants or their beneficiaries become immediately and fully vested in their Employer contributions and related earnings upon full and permanent disability, death or attaining the normal retirement age of 65. Participant contributions and related earnings are always 100% vested.

Participants' Employer contributions and related earnings vest as follows:

Years of Service	Percentage Vested
Less than 1	0 %
1	20
2	40
3	60
4	80
5	100

(h) Participant Loans

Any Plan participant may apply for a loan from the Plan. A participant may borrow a minimum of \$1,000 and no more than the lesser of (1) 50% of the vested account balance or (2) \$50,000 reduced by the highest outstanding loan balance in the account during the prior twelve month period. A participant may only have one loan outstanding at any given time. Loan terms are not to exceed five years unless it is for the purchase of a principal residence in which it can be repaid over ten years. The Plan Administrator shall treat a loan in default if any scheduled repayment remains unpaid more than ninety days or there is an outstanding principal existing on a loan after the last scheduled repayment date. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Interest rates range from 3.25%–6.50% and the loans mature on dates ranging from 2021 to 2030. Principal and interest are paid ratably through payroll deductions.

(i) Forfeitures

When participants terminate employment, the nonvested portion of their Employer contribution and related earnings account is forfeited. Any forfeitures occurring during a Plan year shall be applied to reduce the contributions of the Employer. Notwithstanding any other provision of the Plan to the contrary, forfeitures shall first be used to pay administrative expenses under the Plan, if so directed by the Employer. To the extent that forfeitures are not used to reduce administrative expenses under the Plan, as directed by the Employer forfeitures will be applied to Employer matching contributions. Forfeitures of \$1,586,299 was used to offset Employer contributions and Plan expenses, during the years ended December 31, 2020. The unused forfeitures as of December 31, 2020 and 2019 were \$141,824 and \$114,364, respectively.

(j) Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. There were no excess contributions as of December 31, 2020 and December 31, 2019.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

(b) Investment Valuation and Income Recognition

Investments in mutual funds and money market funds are stated at fair value, based on quoted market prices, as determined by the Trustee and are actively traded. 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. See note 7 for discussion of fair value measurements.

Purchases and sales of investments 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.

(c) Notes Receivable from Participants

Participant loans are valued at amortized cost, which represents the unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. Delinquent participant loans are treated as deemed distributions and the outstanding balance continue to be reported in the notes receivable from participants.

(d) Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP 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.

(e) Payment of Benefits

Benefits are recorded when paid. There were no participants who elected to withdraw from the Plan but had not yet been paid as of December 31, 2020 and December 31, 2019.

(3) Plan Termination

The Company has the right, under the Plan agreement, to terminate the Plan at any time. Upon termination of the Plan, the individual accounts of all participants and beneficiaries, which includes Employer contributions, become fully vested and nonforfeitable. In the case of such an event, the individual accounts of all participants will be distributed according to the Plan agreement. No such termination is contemplated at this time.

(4) Tax Status

The Plan utilizes a prototype document sponsored by Fidelity Management Research Company (FMR). FMR received an Opinion Letter from the Internal Revenue Service dated March 31, 2014 that states the document is acceptable under Section 401 (a) of the Internal Revenue Code (IRC). The Plan Administrator believes the Plan, as amended, and related trust, is currently designed and operated in compliance with the applicable requirements of the IRC.

(5) Investments Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following is a summary of the unaudited information regarding the Plan as of December 31, 2020 and 2019, and for the year ended December 31, 2020, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

Statements of Net Assets Available for Benefits	2020	2019
Investments at fair value:		
Mutual funds	\$ 312,943,843	\$ 252,496,720
Vanguard Prime Money Market Fund	25,112,460	15,196,511
Notes receivable from participants	1,022,884	1,229,734

Statement of Changes in Net Assets Available for Benefits	2020
Interest and dividend income	\$ 12,011,835
Interest income on notes receivable from participants	67,950
Net appreciation in fair value of investments	41,918,318

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).

Note 7: All investment balances and investment information, excluding the level of investments in Note 7, Fair Value Measurement.

(6) Related-Party Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Investments is a wholly owned subsidiary of Fidelity, the Trustee of the Plan. The Plan issues loans to participants, which are secured by the vested balance in the participant's account, therefore, transactions qualify as party-in-interest transactions.

Effective January 1, 2015, Fidelity Investments provides certain administrative services to the Plan pursuant to a Retirement Plan Services Agreement, (RSA) between the Company and Trustee. The Trustee receives revenue from mutual fund service providers for services the Trustee provides to the funds. This revenue is used to offset certain amounts owed to Fidelity Investments for its administrative services to the Plan.

If the revenue received by the Trustee from such mutual fund service providers exceeds the amount owed under the RSA, the Trustee remits the excess to the Plan's trust on a quarterly basis. The excess is allocated to participant accounts as revenue credits and totaled \$155,690 for the year ended December 31, 2020, which offset \$183,407 administrative expenses paid by participants.

(7) Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy inputs under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 312,943,843	\$ -	\$ -	\$ 312,943,843
Money Market Fund	<u>25,112,460</u>	<u> </u>	<u> </u>	<u>25,112,460</u>
Total	<u>\$ 338,056,303</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 338,056,303</u>
Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 252,496,720	\$ -	\$ -	\$ 252,496,720
Money Market Fund	<u>15,196,511</u>	<u> </u>	<u> </u>	<u>15,196,511</u>
Total	<u>\$ 267,693,231</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 267,693,231</u>

(8) Risks and Uncertainties

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

During the first quarter of 2020, the World Health Organization designated the global outbreak of the 2019 novel coronavirus (or "COVID-19") as a pandemic, and numerous countries, included the United States, have declared national emergencies with respect to COVID-19. The outbreak impacted financial markets and the global economy. Despite significant market rebounds across many asset classes, the continued rapid development and fluidity of the situation precludes any prediction as to the ultimate adverse impact of COVID-19 on financial markets and economic conditions. These uncertain market conditions may adversely affect the Plan, and the extent of any adverse impact of the COVID-19 outbreak on the Plan's participants' account balances and the amounts reported in the 2020 Statement of Net Assets Available for Benefits cannot be predicted at this time.

(9) Reconciliation of Financial Statements to Form 5500

For the year ended December 31, 2020, the following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500:

	2020
Changes in net assets available for benefits per the financial statement	\$ 70,293,446
Add deemed distribution of participant loans	<u>10,081</u>
Changes in Total Net Assets per the Form 5500	<u>\$ 70,303,527</u>

A reconciliation of net assets available for benefits per the financial statements to the net assets per the Form 5500 as of December 31, 2019 is as follows:

	2019
Net assets available for benefits per the financial statements	\$ 268,922,965
Less deemed distribution of participant loans	<u>(10,081)</u>
Total Net Assets per the Form 5500	<u>\$ 268,912,884</u>

(10) Nonexempt Party-in-Interest Transactions

The Company remitted certain 2020 participant contributions and loan repayments of \$6,183 to the Trustee later than required by Department of Labor (DOL) Regulation 2510.3 102. Participant accounts were credited with the amount of earnings that would have been earned had the participant contributions been remitted on a timely basis.

(11) Subsequent Events

The Plan has evaluated subsequent events through October 14, 2021 the date these financial statements were available to be issued.

Effective January 1, 2021 SSP adopted its own plan with FMR, and all of the SSP participants' plan assets were transferred from the Plan to the SSP plan. The participants transferring from the Plan did not experience a "partial termination" when their Plan assets were moved to the SSP plan. Further, the participants maintain the same vesting schedule in the SSP plan that was applicable in the Plan. All of the transferred assets remain in a plan sponsored by their employer. The total amount of the transfer was \$57,096,906 which represents approximately 30% of the December 31, 2020 net assets of the Pan.

TPG GLOBAL, LLC 401(k) PROFIT SHARING PLAN
Employer ID No: 90-0775526
Plan No: 001
**FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2020**

(b) Identity of Issue, Borrower, (a) Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost (1)	(e) Current Value
	Mutual Funds:		
Vanguard Target Return 2055 Fund	Vanguard Target Return 2055 Fund	\$	\$ 29,804,651
Janus Henderson Global Tech 1	Janus Henderson Global Tech 1		4,776,148
PIMCO Total Return Fund	PIMCO Total Return Fund		8,521,501
Trow Price Health Sciences Fund	Trow Price Health Sciences Fund		5,201,316
Vanguard Target Return 2065	Vanguard Target Return 2065		2,316,694
Invesco Divrs Div R6 Fund	Invesco Divrs Div R6 Fund		5,274,776
Columbia Balanced Fund Institutional 13	Columbia Balanced Fund Institutional 13		5,881,388
Invesco Oppenheimer Developing Markets	Invesco Oppenheimer Developing Markets		1,970,336
Vanguard Target Return 2020 Fund	Vanguard Target Return 2020 Fund		1,239,393
Vanguard Target Return 2030 Fund	Vanguard Target Return 2030 Fund		8,964,930
Vanguard Target Return 2040 Fund	Vanguard Target Return 2040 Fund		18,830,839
Vanguard Target Return 2050 Fund	Vanguard Target Return 2050 Fund		19,887,593
Blackrock High Yield Bond Fund	Blackrock High Yield Bond Fund		2,380,277
Vanguard Total Bond Market Index Fund	Vanguard Total Bond Market Index Fund		5,309,297
Vanguard Target Return Inc Fund	Vanguard Target Return Inc Fund		755,471
Vanguard Target Return 2015 Fund	Vanguard Target Return 2015 Fund		594,864
Vanguard Target Return 2025 Fund	Vanguard Target Return 2025 Fund		3,001,518
Vanguard Target Return 2035 Fund	Vanguard Target Return 2035 Fund		12,252,324
Vanguard Target Return 2045 Fund	Vanguard Target Return 2045 Fund		17,765,457
American Funds Euro Pacific Growth Fund R6	American Funds Euro Pacific Growth Fund R6		6,506,140
Janus Henderson Triton N	Janus Henderson Triton N		2,643,895
DFA Inflation Protected Securities Portfolio	DFA Inflation Protected Securities Portfolio		1,269,094
Vanguard Energy Index Fund	Vanguard Energy Index Fund		597,234
Vanguard Target Return 2060	Vanguard Target Return 2060		1,386,997
Vanguard MDCPVAL IDX Adm	Vanguard MDCPVAL IDX Adm		4,438,056
* Fidelity Real Estate Fund	Fidelity Real Estate Fund		3,001,491
* Fidelity Small Cap Value Fund	Fidelity Small Cap Value Fund		4,125,419
* Fidelity Contrafund Company Fund	Fidelity Contrafund Company Fund		37,155,361
* Fidelity Growth Company Fund	Fidelity Growth Company Fund		42,295,522
* Fidelity 500 Index	Fidelity 500 Index		42,109,017
* Fidelity Emerging Markets Index	Fidelity Emerging Markets Index		1,597,802
* Fidelity International Index	Fidelity International Index		2,761,977
* Fidelity EXTID MKT Index	Fidelity EXTID MKT Index		8,327,065
	Total mutual funds		312,943,843
Vanguard VMMR-FED MMKT	Vanguard VMMR-FED MMKT		25,112,460
	Total investments		338,056,303
Participant loans	Notes bearing from 3.25% to 6.50% with various due dates from 2021 to 2030		1,022,884
	Total assets held	\$	\$ 339,079,187

* Party-in-interest.

(1) Cost has been omitted as investments are all participant directed

See accompanying Independent Auditors' Report.

TPG GLOBAL, LLC 401(k) PROFIT SHARING PLAN
EMPLOYER ID NO: 90-0775526
PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, QUESTION 4A
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS AND LOANS
FOR THE YEAR ENDED DECEMBER 31, 2020

	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Participant contributions transferred late to the plan—2020	\$ -	\$ 6,183	\$ -	\$ 6,183

See accompanying Independent Auditors' Report.

TPG GLOBAL, LLC 401(k) PROFIT SHARING PLAN

Employer ID No: 90-0775526

Plan No: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost (1)	(e) Current Value
		Mutual Funds:		
	Vanguard Target Return 2055 Fund	Vanguard Target Return 2055 Fund	\$	\$ 29,804,651
	Janus Henderson Global Tech 1	Janus Henderson Global Tech 1		4,776,148
	PIMCO Total Return Fund	PIMCO Total Return Fund		8,521,501
	Trow Price Health Sciences Fund	Trow Price Health Sciences Fund		5,201,316
	Vanguard Target Return 2065	Vanguard Target Return 2065		2,316,694
	Invesco Divrs Div R6 Fund	Invesco Divrs Div R6 Fund		5,274,776
	Columbia Balanced Fund Institutional 13	Columbia Balanced Fund Institutional 13		5,881,388
	Invesco Oppenheimer Developing Markets	Invesco Oppenheimer Developing Markets		1,970,336
	Vanguard Target Return 2020 Fund	Vanguard Target Return 2020 Fund		1,239,393
	Vanguard Target Return 2030 Fund	Vanguard Target Return 2030 Fund		8,964,930
	Vanguard Target Return 2040 Fund	Vanguard Target Return 2040 Fund		18,830,839
	Vanguard Target Return 2050 Fund	Vanguard Target Return 2050 Fund		19,887,593
	Blackrock High Yield Bond Fund	Blackrock High Yield Bond Fund		2,380,277
	Vanguard Total Bond Market Index Fund	Vanguard Total Bond Market Index Fund		5,309,297
	Vanguard Target Return Inc Fund	Vanguard Target Return Inc Fund		755,471
	Vanguard Target Return 2015 Fund	Vanguard Target Return 2015 Fund		594,864
	Vanguard Target Return 2025 Fund	Vanguard Target Return 2025 Fund		3,001,518
	Vanguard Target Return 2035 Fund	Vanguard Target Return 2035 Fund		12,252,324
	Vanguard Target Return 2045 Fund	Vanguard Target Return 2045 Fund		17,765,457
	American Funds Euro Pacific Growth Fund R6	American Funds Euro Pacific Growth Fund R6		6,506,140
	Janus Henderson Triton N	Janus Henderson Triton N		2,643,895
	DFA Inflation Protected Securities Portfolio	DFA Inflation Protected Securities Portfolio		1,269,094
	Vanguard Energy Index Fund	Vanguard Energy Index Fund		597,234
	Vanguard Target Return 2060	Vanguard Target Return 2060		1,386,997
	Vanguard MDCPVAL IDX Adm	Vanguard MDCPVAL IDX Adm		4,438,056
*	Fidelity Real Estate Fund	Fidelity Real Estate Fund		3,001,491
*	Fidelity Small Cap Value Fund	Fidelity Small Cap Value Fund		4,125,419
*	Fidelity Contrafund Company Fund	Fidelity Contrafund Company Fund		37,155,361
*	Fidelity Growth Company Fund	Fidelity Growth Company Fund		42,295,522
*	Fidelity 500 Index	Fidelity 500 Index		42,109,017
*	Fidelity Emerging Markets Index	Fidelity Emerging Markets Index		1,597,802
*	Fidelity International Index	Fidelity International Index		2,761,977
*	Fidelity EXTD MKT Index	Fidelity EXTD MKT Index		8,327,065
		Total mutual funds		312,943,843
	Vanguard VMMR-FED MMKT	Vanguard VMMR-FED MMKT		25,112,460
		Total investments		338,056,303
		Notes bearing from 3.25% to 6.50% with various due dates from 2021 to 2030		1,022,884
	Participant loans			
		Total assets held		\$ 339,079,187

* Party-in-interest.

(1) Cost has been omitted as investments are all participant directed
See accompanying Independent Auditors' Report

Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

► Information about Form 5330 and its instructions is at www.irs.gov/form5330.

OMB No. 1545-0575

Filer tax year beginning <u>JANUARY 1</u> , <u>2020</u> and ending <u>DECEMBER 31</u> , <u>2020</u>	
A Name of filer (see instructions) <u>TPG GLOBAL, LLC</u> Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.) <u>301 COMMERCE STREET, STE 3300</u> City or town, state or province, country, and ZIP or foreign postal code <u>FORT WORTH, TX 76102</u>	B Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.) Employer identification number (EIN) <u>90-0775526</u> Social security number (SSN)
C Name of plan <u>TPG GLOBAL, LLC 401(K) PROFIT SHARING PLAN</u>	E Plan sponsor's EIN <u>90-0775526</u>
D Name and address of plan sponsor <u>TPG GLOBAL, LLC, COMMERCE STREET, STE 3300, FORT WORTH, TX 76102-4133</u>	F Plan year ending (MM/DD/YYYY) <u>12/31/2020</u>
H If this is an amended return , check here ☒	G Plan number <u>001</u>

Part I Taxes. You can only complete one section of Part I for each Form 5330 filed (see instructions).

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)		FOR IRS USE ONLY		
1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1		
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2		
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a	<u>932</u>	<u>69</u>
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b		
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4		
5a Section 4978 tax on ESOP dispositions	209	5a		
b The tax on line 5a is a result of the application of: ☐ Sec. 664(g) ☐ Sec. 1042		5b		
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6		
7 Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17		7	<u>932</u>	<u>69</u>
Section B. Taxes that are reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year				
8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a		
b Section 4971(b) tax for failure to correct minimum funding standards	225	8b		
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a		
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b		
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a		
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b		
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c		
Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees				
11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11		
12 Total Section B taxes. Add lines 8a through 11. Enter here and on Part II, line 17		12		
Section C. Tax that is reported by the last day of the 15th month after the end of the plan year				
13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	13		

Name of Filer: TPG GLOBAL, LLCFiler's identifying number: 90-0775526**Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred**

14 Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17 ▶	204	14	
---	-----	-----------	--

Section E. Tax that is reported by the last day of the month following the month in which the failure occurred

15 Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17 ▶	228	15	
--	-----	-----------	--

Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's taxable year during which the plan became a party to a prohibited tax shelter transaction

16 Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 ▶	237	16	
---	-----	-----------	--

Part II Tax Due

17 Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable)	17	932	69
18 Enter amount of tax paid with Form 5558 or any other tax paid prior to filing this return	18	909	38
19 Tax due. Subtract line 18 from line 17. If the result is greater than zero, enter here, and attach check or money order payable to "United States Treasury." Write your name, identifying number, plan number, and "Form 5330, Section(s) <u>4975</u> " on your payment ▶	19	23	31

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ _____ ▶	817-871-4000	▶ _____ ▶
Your Signature	Telephone number	Date

Paid Preparer Use Only

Print/Type preparer's name <u>MATTHEW YOUNG</u>	Preparer's signature <u>Matthew Young</u>	Date <u>7/26/2021</u>	Check ☐ if self-employed	PTIN <u>P00947359</u>
Firm's name ▶ <u>HOLTHOUSE CARLIN & VAN TRIGT, LLP</u>			Firm's EIN ▶ <u>95-4345526</u>	
Firm's address ▶ <u>18565 JAMBOREE RD, SUITE 400, IRVINE, CA 92612</u>			Phone no. <u>949-296-3349</u>	

Name of Filer: **TPG GLOBAL, LLC**Filer's identifying number: **90-0775526****Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972)****Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))	1		
2	Amount allowable as a deduction under section 404	2		
3	Subtract line 2 from line 1	3		
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4		
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5		
6	Subtract line 5 from line 4	6		
7	Amount of line 6 carried forward and deductible in this tax year	7		
8	Subtract line 7 from line 6	8		
9	Tentative taxable excess contributions. Add lines 3 and 8	9		
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax	10		
11	Taxable excess contributions. Subtract line 10 from line 9	11		
12	Multiply line 11 by 10%. Enter here and on Part I, line 1 ▶	12		

Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3))**Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total amount contributed for current year less rollovers (see instructions)	1		
2	Amount excludable from gross income under section 403(b) (see instructions)	2		
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-	3		
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4		
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-	5		
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6		
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4	7		
8	Taxable excess contributions. Add lines 3 and 7	8		
9	Multiply line 8 by 6%	9		
10	Enter the value of your account as of the last day of the year	10		
11	Multiply line 10 by 6%	11		
12	Excess contributions tax. Enter the lesser of line 9 or line 11 here and on Part I, line 2 . . . ▶	12		

Name of Filer: TPG GLOBAL, LLCFiler's identifying number: 90-0775526**Schedule C. Tax on Prohibited Transactions (Section 4975) (see instructions) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)****1** Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):**a** ☒ discrete**b** ☐ other than discrete (a lease or a loan)**2** Complete the table below to disclose the prohibited transactions and figure the initial tax (see instructions)

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)	01/17/2020	FAILURE TO TIMELY TRANSMIT PARTICIPANT CONTRIBUTIONS	6062.51	909.38
(ii)	08/14/2020	FAILURE TO TIMELY TRANSMIT PARTICIPANT CONTRIBUTIONS	155.40	23.31
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a **932.69****4** Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement (see instructions) . . . ☒ **Yes** ☐ **No**

Filer's identifying number: 90-0775526

5 Complete the table below, if applicable, of other participating disqualified persons and description of correction (see instructions).

[illegible]

Schedule D. Tax on Failure to Meet Minimum Funding Standards (Section 4971(a)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

1	Aggregate unpaid required contributions (accumulated funding deficiency for multiemployer plans) (see instructions)	1		
2	Multiply line 1 by 10% (5% for multiemployer plans). Enter here and on Part I, line 8a ►	2		

Name of Filer: **TPG GLOBAL, LLC**Filer's identifying number: **90-0775526****Schedule E. Tax on Failure to Pay Liquidity Shortfall (Section 4971(f)(1)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year**

	(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Quarter	(e) Total Add cols. a-d for line 3
1 Amount of shortfall	1				
2 Shortfall paid by the due date	2				
3 Net shortfall amount	3				
4 Multiply line 3, column (e), by 10%. Enter here and on Part I, line 9a ▶	4				

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Section 4971(g)(3), 4971(g)(4)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

1 Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status	1		
a Enter the amount of contributions necessary to meet the applicable benchmarks or requirements	1a		
b Enter the amount of the accumulated funding deficiency	1b		
c Enter the greater of line 1a or line 1b, here and on Part I, line 10b ▶	1c		
2 Section 4971(g)(4) tax on failure to adopt rehabilitation plan	2		
a Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a		
b Enter the number of days during the tax year which are included in the period beginning on the first day of the 240 day period and ending on the day the rehabilitation plan is adopted ▶	2b		
c Multiply line 2b by \$1,100	2c		
d Enter the greater of line 2a or line 2c, here and on Part I, line 10c ▶	2d		

Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

1 Did you make an election to be taxed under section 4977? ☐ Yes ☐ No			
2 If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid ▶			
3 If line 1 is "Yes," enter the excess fringe benefits on this line (see instructions)	3		
4 Enter 30% of line 3 here and on Part I, line 11 ▶	4		

Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

1 Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions	1		
2 Multiply line 1 by 10% and enter here and on Part I, line 13 ▶	2		

Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

1 Date reversion occurred ▶ MM ____ DD ____ YY ____			
2a Employer reversion amount b Excise tax rate			
3 Multiply line 2a by line 2b and enter the amount here and on Part I, line 14 ▶	3		
4 Explain below why you qualify for a rate other than 50%: 			

Schedule J. Tax on Failure to Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

1 Enter the number of applicable individuals who were not provided ERISA section 204(h) notice ▶	1		
2 Enter the effective date of the amendment ▶ MM ____ DD ____ YY ____	2		
3 Enter the number of days in the noncompliance period ▶	3		
4 Enter the total number of failures to provide ERISA section 204(h) notice (see instructions)	4		
5 Multiply line 4 by \$100. Enter here and on Part I, line 15 ▶	5		
6 Provide a brief description of the failure, and of the correction, if any 			

Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

1 Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to ▶	1		
2 Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16 ▶	2		

Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

► Information about Form 5330 and its instructions is at www.irs.gov/form5330.

OMB No. 1545-0575

Filer tax year beginning <u>JANUARY 1</u> , <u>2020</u> and ending <u>DECEMBER 31</u> , <u>2020</u>	
A Name of filer (see instructions) <u>TPG GLOBAL, LLC</u> Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.) <u>301 COMMERCE STREET, STE 3300</u> City or town, state or province, country, and ZIP or foreign postal code <u>FORT WORTH, TX 76102</u>	B Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.) Employer identification number (EIN) <u>90-0775526</u> Social security number (SSN)
C Name of plan <u>TPG GLOBAL, LLC 401(K) PROFIT SHARING PLAN</u>	E Plan sponsor's EIN <u>90-0775526</u>
D Name and address of plan sponsor <u>TPG GLOBAL, LLC, COMMERCE STREET, STE 3300, FORT WORTH, TX 76102-4133</u>	F Plan year ending (MM/DD/YYYY) <u>12/31/2020</u>
H If this is an amended return , check here ☒	G Plan number <u>001</u>

Part I Taxes. You can only complete one section of Part I for each Form 5330 filed (see instructions).

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1		
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2		
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a	<u>932</u>	<u>69</u>
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b		
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4		
5a Section 4978 tax on ESOP dispositions	209	5a		
b The tax on line 5a is a result of the application of: ☐ Sec. 664(g) ☐ Sec. 1042		5b		
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6		
7 Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17		7	<u>932</u>	<u>69</u>

Section B. Taxes that are reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a		
b Section 4971(b) tax for failure to correct minimum funding standards	225	8b		
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a		
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b		
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a		
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b		
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c		

Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11		
12 Total Section B taxes. Add lines 8a through 11. Enter here and on Part II, line 17		12		

Section C. Tax that is reported by the last day of the 15th month after the end of the plan year

13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	13		
---	-----	-----------	--	--

Name of Filer: TPG GLOBAL, LLCFiler's identifying number: 90-0775526**Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred**

14 Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17 ▶	204	14	
---	-----	-----------	--

Section E. Tax that is reported by the last day of the month following the month in which the failure occurred

15 Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17 ▶	228	15	
--	-----	-----------	--

Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's taxable year during which the plan became a party to a prohibited tax shelter transaction

16 Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 ▶	237	16	
---	-----	-----------	--

Part II Tax Due

17 Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable)	17	932	69
18 Enter amount of tax paid with Form 5558 or any other tax paid prior to filing this return	18	909	38
19 Tax due. Subtract line 18 from line 17. If the result is greater than zero, enter here, and attach check or money order payable to "United States Treasury." Write your name, identifying number, plan number, and "Form 5330, Section(s) <u>4975</u> " on your payment ▶	19	23	31

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ _____ ▶	817-871-4000	▶ _____ ▶
Your Signature	Telephone number	Date

Paid Preparer Use Only

Print/Type preparer's name <u>MATTHEW YOUNG</u>	Preparer's signature <i>Matthew Young</i>	Date <u>7/26/2021</u>	Check ☐ if self-employed	PTIN <u>P00947359</u>
Firm's name ▶ <u>HOLTHOUSE CARLIN & VAN TRIGT, LLP</u>			Firm's EIN ▶ <u>95-4345526</u>	
Firm's address ▶ <u>18565 JAMBOREE RD, SUITE 400, IRVINE, CA 92612</u>			Phone no. <u>949-296-3349</u>	

Name of Filer: TPG GLOBAL, LLCFiler's identifying number: 90-0775526**Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972)****Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))	1		
2	Amount allowable as a deduction under section 404	2		
3	Subtract line 2 from line 1	3		
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4		
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5		
6	Subtract line 5 from line 4	6		
7	Amount of line 6 carried forward and deductible in this tax year	7		
8	Subtract line 7 from line 6	8		
9	Tentative taxable excess contributions. Add lines 3 and 8	9		
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax	10		
11	Taxable excess contributions. Subtract line 10 from line 9	11		
12	Multiply line 11 by 10%. Enter here and on Part I, line 1 ▶	12		

Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3))**Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total amount contributed for current year less rollovers (see instructions)	1		
2	Amount excludable from gross income under section 403(b) (see instructions)	2		
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-	3		
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4		
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-	5		
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6		
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4	7		
8	Taxable excess contributions. Add lines 3 and 7	8		
9	Multiply line 8 by 6%	9		
10	Enter the value of your account as of the last day of the year	10		
11	Multiply line 10 by 6%	11		
12	Excess contributions tax. Enter the lesser of line 9 or line 11 here and on Part I, line 2 . . . ▶	12		

Name of Filer: TPG GLOBAL, LLCFiler's identifying number: 90-0775526**Schedule C. Tax on Prohibited Transactions (Section 4975) (see instructions) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)****1** Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):**a** ☒ discrete**b** ☐ other than discrete (a lease or a loan)**2** Complete the table below to disclose the prohibited transactions and figure the initial tax (see instructions)

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)	01/17/2020	FAILURE TO TIMELY TRANSMIT PARTICIPANT CONTRIBUTIONS	6062.51	909.38
(ii)	08/14/2020	FAILURE TO TIMELY TRANSMIT PARTICIPANT CONTRIBUTIONS	155.40	23.31
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a **932.69****4** Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement (see instructions) ☒ **Yes** ☐ **No**

Filer's identifying number: 90-0775526

5 Complete the table below, if applicable, of other participating disqualified persons and description of correction (see instructions).

[illegible]

Schedule D. Tax on Failure to Meet Minimum Funding Standards (Section 4971(a)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

1	Aggregate unpaid required contributions (accumulated funding deficiency for multiemployer plans) (see instructions)	1		
2	Multiply line 1 by 10% (5% for multiemployer plans). Enter here and on Part I, line 8a	2		

Name of Filer: TPG GLOBAL, LLCFiler's identifying number: 90-0775526**Schedule E. Tax on Failure to Pay Liquidity Shortfall (Section 4971(f)(1)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year**

	(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Quarter	(e) Total Add cols. a-d for line 3
1 Amount of shortfall	1				
2 Shortfall paid by the due date	2				
3 Net shortfall amount	3				
4 Multiply line 3, column (e), by 10%. Enter here and on Part I, line 9a ▶	4				

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Section 4971(g)(3), 4971(g)(4)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

1 Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status	1		
a Enter the amount of contributions necessary to meet the applicable benchmarks or requirements	1a		
b Enter the amount of the accumulated funding deficiency	1b		
c Enter the greater of line 1a or line 1b, here and on Part I, line 10b ▶	1c		
2 Section 4971(g)(4) tax on failure to adopt rehabilitation plan	2		
a Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a		
b Enter the number of days during the tax year which are included in the period beginning on the first day of the 240 day period and ending on the day the rehabilitation plan is adopted ▶	2b		
c Multiply line 2b by \$1,100	2c		
d Enter the greater of line 2a or line 2c, here and on Part I, line 10c ▶	2d		

Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

1 Did you make an election to be taxed under section 4977? ☐ Yes ☐ No			
2 If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid ▶			
3 If line 1 is "Yes," enter the excess fringe benefits on this line (see instructions)	3		
4 Enter 30% of line 3 here and on Part I, line 11 ▶	4		

Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

1 Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions	1		
2 Multiply line 1 by 10% and enter here and on Part I, line 13 ▶	2		

Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

1 Date reversion occurred ▶ MM ____ DD ____ YY ____			
2a Employer reversion amount b Excise tax rate			
3 Multiply line 2a by line 2b and enter the amount here and on Part I, line 14 ▶	3		
4 Explain below why you qualify for a rate other than 50%: 			

Schedule J. Tax on Failure to Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

1 Enter the number of applicable individuals who were not provided ERISA section 204(h) notice ▶	1		
2 Enter the effective date of the amendment ▶ MM ____ DD ____ YY ____	2		
3 Enter the number of days in the noncompliance period ▶	3		
4 Enter the total number of failures to provide ERISA section 204(h) notice (see instructions)	4		
5 Multiply line 4 by \$100. Enter here and on Part I, line 15 ▶	5		
6 Provide a brief description of the failure, and of the correction, if any 			

Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

1 Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to ▶	1		
2 Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16 ▶	2		