

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan INSPERITY 401K PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/1986
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) INSPERITY HOLDINGS, INC. 19001 CRESCENT SPRINGS DRIVE KINGWOOD, TX 77339-3802
2b	Employer Identification Number (EIN) 76-0178498
2c	Plan Sponsor's telephone number 866-639-0017
2d	Business code (see instructions) 541990

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.	10/10/2024	JAMES ALLISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor INSPIRITY BENEFITS PLAN COMMITTEE 19001 CRESCENT SPRINGS DRIVE KINGWOOD, TX 77339	3b Administrator's EIN 32-0611689 3c Administrator's telephone number 866-639-0017
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 217990
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 160558 6a(2) 177779 6b 2302 6c 49353 6d 229434 6e 232 6f 229666 6g(1) 149077 6g(2) 157026 6h 0
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 3B 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan INSPERITY 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INSPERITY HOLDINGS, INC.	D Employer Identification Number (EIN) 76-0178498

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

INSPERITY RETIREMENT SERVICES

19001 CRESCENT SPRINGS DRIVE
KINGWOOD, TX 77339

56-2375265

(b) 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?
13 15 36 37 38 50 64 65	RECORDKEEPER	6791312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

240 GREENWICH STREET
NEW YORK, NY 10286

25-1926855

(b) 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?
19 25 50 21	TRUSTEE	854278	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

ROCATON INVESTMENT ADVISORS, LLC

20 GLOVER AVENUE
NORWALK, CT 06850

13-3575636

(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 28 51	INVESTMENT ADVISOR	425000	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)

PRONVEST INC DBA FUTURE CAPITAL

1203 CARTER STREET
CHATTANOOGA, TN 37042

62-1823351

(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?
26 50	INVESTMENT ADVISOR	170308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCK GLOBAL LLC

420 LEXINGTON AVE
NEW YORK, NY 10170

83-1116912

(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?
16 50 70	CONSULTANT	95250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERNST & YOUNG

200 PLAZA DRIVE
SECAUCUS, NJ 07094

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	52569	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)

TEJERA & ASSOCIATES LLC

3443 E. CORTE PALOMA BRAVA
TUCSON, AZ 85718

20-3001362

(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?
16 50 70	CONSULTANT	20369	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&P 500 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-388</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1231015166</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2035 FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-484</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>578997072</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2030 FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-483</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>530027448</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2040 FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-485</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>554758596</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2025 FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-482</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>385657618</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2045 FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-486</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>572844278</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2050 FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-487</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>515726698</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2055 FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-488	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 377020536
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2020 FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-481	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128169081
a Name of MTIA, CCT, PSA, or 103-12 IE: METWEST TOTAL RETURN BOND CLASS C		
b Name of sponsor of entity listed in (a): METROPOLITAN WEST		
c EIN-PN 47-2418714-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101926175
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT INCOME FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-479	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102287592
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2060 FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-489	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 198355636
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL/MID CAP INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-461	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99496595
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA GLOBAL ALL CAP EQ EX US INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-456	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75297676
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA U.S. BOND INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-495	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55895714
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2065 FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41304024
a Name of MTIA, CCT, PSA, or 103-12 IE: NY LIFE INS CO ANCHOR ACCOUNT FUND		
b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY		
c EIN-PN 13-5582869-125	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 345568585

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE BLUE CHIP GROWTH CLASS T7**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 80-0470272-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 546724571
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan INSPERITY 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INSPERITY HOLDINGS, INC.	D Employer Identification Number (EIN) 76-0178498	

Part I	Asset and Liability Statement
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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	2171772	4046252
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	23836663	25983215
(2) Participant contributions	1b(2)	21472504	23761461
(3) Other	1b(3)	1532866	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	90528758	105399977
(9) Value of interest in common/collective trusts	1c(9)	4935761379	6441073061
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1325098479	1532409186
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6400402421	8132673152
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	2138139	4146802
i Acquisition indebtedness	1i		
j Other liabilities	1j	3975091	4867701
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6113230	9014503
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6394289191	8123658649

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)	420059949	
(B) Participants	2a(1)(B)	992165981	
(C) Others (including rollovers)	2a(1)(C)	196317353	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1608543283
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	689328	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5564996	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6254324
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	72538920	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		72538920
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1009954643
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		145474528
c Other income	2c		541521
d Total income. Add all income amounts in column (b) and enter total	2d		2843307219

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	828795212	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		828795212
f Corrective distributions (see instructions)	2f		5150987
g Certain deemed distributions of participant loans (see instructions)	2g		12243023
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	6791312	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	52569	
(5) Investment advisory and investment management fees	2i(5)	595308	
(6) Bank or trust company trustee/custodial fees	2i(6)	854278	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	115619	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8409086
j Total expenses. Add all expense amounts in column (b) and enter total	2j		854598308

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1988708911
l Transfers of assets:			
(1) To this plan	2l(1)		437764207
(2) From this plan	2l(2)		697103660

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: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

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

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

Part IV Compliance Questions

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

During the plan year:

	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.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☒		

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

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)
LGC 401(K) SAVINGS PLAN	02-0416194	001
WINDSOR PLACE CONDOMINIUM 401(K) PLAN	04-2952232	001
AUSTIN LAWRENCE GROUP INC.	06-1368498	001
LABCONNECT 401(K) PLAN	06-1644519	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ELECTRA INFORMATION SYSTEMS, INC. 401K PLAN	11-2702256	001
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	11-3448580	333
EXTENSIS GROUP RETIREMENT SAVINGS PLAN	13-1948326	333
TRINET SELECT 401(K) 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 _____.

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)
NFP CORP 401(K) PLAN	13-4029115	001
THE JED FOUNDATION 401(K) PROFIT SHARING PLAN & TRUST	13-4131139	002
ASSOCIATION FOR CORPORATE GROWTH 401(K) PLAN	13-6163137	001
EMPLOYEE RETIREMENT SAVINGS PLAN	16-1254312	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
APPELLATE INNOVATIONS LLC 401K PROFIT SHARING PLAN & TRUST	20-0329529	001
SAVVY PROPERTIES LP 401(K)	20-0686625	001
CNG ENGINEERING 401(K) PLAN	20-1181359	001
NANOLUMENS, INC. 401(K) PSP&T	20-3012858	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ALLIANT NATIONAL TITLE INSURANCE COMPANY INC. RETIREMENT PLAN	20-3216749	001
ANEW CLIMATE, LLC 401(K) PLAN	20-3316079	001
QUALITY GROUP OF COMPANIES, LLC 401K PLAN	20-3616171	002
RELIEVANT MEDSYSTEMS, INC. 401(K) PLAN	20-3898502	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BAYER PROPERTIES, L.L.C. 401(K) PLAN	20-3912316	001
CENTRIC SERVICES 401(K) PLAN	20-3982612	001
INVO BIOSCIENCE, INC. 401(K) PLAN	20-4036208	001
SWISH 401K PLAN	20-4539658	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
VANTAGESCORE SOLUTIONS LLC	20-4680323	001
MOVERAS LLC 401K PLAN	20-5464162	001
ACE IT SOLUTIONS LLC	20-5791145	001
PROPEL HR 401(K) PLAN	20-5888849	333

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EVERYTOWN FOR GUN SAFETY ACTION FUND INC. 401(K) PLAN	20-8802884	001
HERTZ FURNITURE SYSTEMS, LLC	22-3795977	002
WIRELESS INNOVATIONS LLC	22-3797043	002
TOTALENERGIES SAVING PLAN A	23-3060301	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THE ERM - US SALARY DEFERRAL PLAN	23-3073509	001
MFE RENTALS, INC 401(K) PLAN	24-1192987	001
TRESHALL SOLUTIONS, LLC 401(K) PLAN	26-0677240	001
GRIFFCO DESIGN/BUILD INC. 401(K) PLAN	26-1131332	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DATALOCKER INC, 401K PLAN	26-1482165	001
EVERYTOWN FOR GUN SAFETY SUPPORT FUND INC 401(K)	26-1598353	001
ALCOTT GROUP 401(K) PLAN	26-1638437	503
THE POWER GROUP	26-2137227	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PLAYON SPORTS 401(K) PLAN	26-2255473	001
QUENCH USA, INC. 401(K) PROFIT SHARING PLAN & TRUST	26-3264642	001
ACRISURE 401K SAVINGS PLAN	26-3554645	025
MANOBYTE INC. 401K PLAN	26-3870983	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GIVINGDATA, LLC	26-4059469	001
EXO 401K PLAN	26-4680417	001
OCCAMSEC LLC 401(K) P/S PLAN	27-0821248	001
INDEPENDENCE TITLE INC.	27-0912811	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
WHATS NEXT MEDIA AND ANALYTICS, LLC	27-1508703	001
EUTEX INTERNATIONAL, INC	27-1566832	001
ALL ENERGY SOLAR RETIREMENT PLAN	27-2103755	001
GENESIS RESEARCH 401K	27-2460647	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CLEARWATER COMPLIANCE, LLC 401(K) PLAN	27-2802336	001
WEBSTER VICKNAIR MACLEOD RETIREMENT PLAN	27-2998616	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
BRUGEMAN TITLE SERVICES, LLC	27-3138938	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SWBC PROFESSIONAL EMPLOYER SERVICES 401(K) PLAN	27-3708085	333
NX DEVELOPMENT CORP 401(K) & P/S PLAN	27-4234564	001
EMPLOYER FLEXIBLE 401(K) PLAN	27-4406361	333
BUTTERFLY NETWORK RETIREMENT PLAN	27-4649892	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
AXION BIOSYSTEMS, INC 401K PLAN	30-0472344	002
AUCTO INC 401(K) PLAN	30-0879455	002
SUNLIGHT BATTERIES USA	30-1211734	001
TREAD.IO 401(K) PLAN	30-1221713	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
RIPPE & KINGSTON 401(K) PLAN	31-1072524	001
BUILDWISE	32-0486896	002
ODYSSEY POWER CORPORATION 401(K) PLAN	33-0910243	001
GROUP MANAGEMENT SERVICES INC 401(K) PROFIT SHARING PLAN & TRUST	34-1707723	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CARDINAL SERVICES, INC. 401(K) PLAN	34-1770907	001
FIBERLIGHT LLC 401K PLAN	34-2042346	001
WORKSMART SYSTEMS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	35-2060071	001
HANCOCK MCGILL & BLEAU, LLLP 401(K) PLAN	35-2535807	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NITHIO HOLDINGS LLC	35-2616104	001
SOFWAVE 401(K) PLAN	35-2673174	001
MANAGEMENT SOLUTIONS 401(K) PLAN	36-4780191	001
WHITEWATER MIDSTREAM SERVICES CO., LLC 401K PLAN	36-4841568	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN	37-1508469	001
TMC GROUP LLC 401(K) PLAN	37-1804379	001
SERVICE EXPRESS, LLC 401(K) PLAN	38-3368786	001
ONEMAGNIFY 401(K) PLAN	38-3585841	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ORTAL USA 401(K) PLAN	38-3956502	001
CHURCHILL COMPANIES RETIREMENT SAVINGS PLAN	41-1494519	001
SOULO COMMUNICATIONS 401K - INCORRECT NAMING CONVENTION OF THE FOLDER.	41-1851381	001
GCRE 401(K) PLAN	43-0763769	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
KEY EQUIPMENT & SUPPLY COMPANY 401(K) PLAN	43-0789228	001
SAVING YOUR DOUGH 401(K) PLAN	43-1646171	001
NEW DIRECTIONS BEHAVIORAL HEALTH 401(K) PROFIT SHARING PLAN AND TRUST	43-1698690	001
BIGGER BRAINS 401K PLAN	45-1282248	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
VIVA SOCIAL IMPACT PARTNERS 401(K) PLAN	45-2617456	001
WALLS PROPERTY MANAGEMENT 401(K) PLAN	45-2745061	002
ACCESS POINT FINANCIAL 401(K) PROFIT SHARING PLAN	45-2746880	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HEX PERFORMANCE LLC 401K	45-2771155	002
ELASTIC PATH SOFTWARE, INC.	45-3249998	001
J&B FRANCHISE VENTURE, INC 401(K) PLAN	45-4204972	001
GARY COMER YOUTH CENTER, INC. 401(K) PLAN	45-5399472	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HAYAT BROWN LLC PROFIT SHARING PLAN	45-5418580	001
ITEMIZE CORP 401(K) PLAN	45-5613832	001
PRAIRIE BERRY, LLC 401(K) PLAN	46-0452152	002
GENDER RESOURCES, INC. 401K	46-0766010	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
REDWOOD ADVENTURE LLC	46-0814063	001
VECTOR CONTROLS 401(K) RETIREMENT PLAN	46-1423636	001
LIGHTBEAM HEALTH SOLUTIONS 4019K) PLAN	46-1872226	001
WHITESTONE WORKS, LLC 401(K) PLAN	46-1903137	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
CTS INFORMATION SERVICES, LLC 401K PLAN	46-2846855	001
RESOURCING EDGE I, LLC 401(K) PLAN	46-3045894	001
RESOURCING EDGE RETIREMENT SAVINGS PLAN	46-3045894	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CLOWDCOVER 401(K) PLAN	46-3258704	001
EMPLOYER FLEXIBLE 401(K) PLAN	46-3390212	333
THE CHANNEL COMPANY 401(K) PLAN	46-3442417	001
SPRUCE STREET SERVICES, LLC 401K	46-3522114	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
5Q PARTNERS, LLC 401(K) PLAN	46-3533175	001
GREENFIELD PARTNERS, INC. 401K	46-3755404	001
ACCELERATE LEARNING INC RETIREMENT PLAN	46-4015703	001
NAVITAS SEMICONDUCTOR 401(K) PLAN	46-4084185	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
INNOVATEMAP 401(K) PLAN	46-4329673	001
RALAND COMPLIANCE PARTNERS	46-4367543	001
SEQUOIA ONE 401(K) PLAN	46-4716239	001
3890 MANAGEMENT, LLC 401K PLAN	46-4831859	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GUHROO 401K RETIREMENT SAVINGS PLAN	46-4868112	003
SOUNDSTRIPE, INC. 401(K) PLAN	46-4945682	001
SPEKTRIX INC.	46-5150728	001
ANTARES VISION NORTH AMERICA, LLC	46-5671366	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EDMOND EAST ANIMAL CLINIC 401(K) PLAN	47-1058043	002
CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN	47-1197332	333
TRACTION TIRE LLC 401(K) PLAN	47-1301080	001
CHRISTY WALKER MD PA	47-2072954	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ARABLE 401K PLAN	47-2172698	002
POWDER RIVER INDUSTRIES, LLC 401(K) PLAN	47-2473682	002
ROLLER RABBIT LLC 401(K) PLAN	47-2803255	002
AUDUBON CAPITAL PARTNERS 401(K) RETIREMENT PLAN	47-3079371	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
STRUCTURECRAFT CONTRACTING LLC 401(K) PLAN	47-3295129	001
RECRUITOMICS CONSULTING 401(K) PLAN	47-3353719	001
FATTMERCHANT 401(K) PLAN	47-3551973	001
RAPTOR CONSULTING INC 401(K)	47-3786672	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DRIVEWEALTH 401K PLAN	47-3891786	002
LIONGARD RETIREMENT PLAN	47-3974052	001
TRACE MEDIA INC. 401(K) PLAN	47-4175513	001
NOVA HORIZONS LLC	47-4211096	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
IRON HEART CANNING COMPANY, LLC 401K PLAN	47-4626310	001
TEXAS IOM LLC	47-5018984	001
CONCURRENT HRO 401(K) PLAN	47-5137893	001
BRAINRIDER USA, INC. 401(K) PLAN	47-5359527	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MOBILION SYSTEMS , INC. 401K PLAN	47-5582140	002
JLD THERAPY 401(K) PLAN	47-5656475	001
TRINET 401(K) PLAN	48-1304650	334
LEUCO TOOL CORPORATION	51-0243765	003

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
INFINITY CAPITAL PARTNERS 401K PLAN	51-0425732	002
THE TERRA FIRMA COMPANY RETIREMENT PLAN	52-1734048	001
CUSTOMINK, LLC 401(K) SAVINGS PLAN	54-1983207	002
CORBETT TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	54-2054948	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
KEY SERVICES, INC. 401K PLAN	56-1184250	002
THE FINLEY GROUP 401K PLAN	56-1493075	001
QUESTCO COMPANIES RETIREMENT PLAN	56-2166364	333
TERRA DOTTA, LLC 401(K) PLAN	56-2279426	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
UNITED BENEFITS CONSULTING, INC. RETIREMENT SAVINGS PLAN	56-2551817	002
LINQUEST 401K AND PROFIT SHARING PLAN	57-1192153	001
MEETING EXPECTATIONS 401(K) PLAN	58-1985253	001
GEM SHOPPING NETWORK, INC. 401(K) PLAN	58-2184900	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FIRST CENTURY BANK 401(K) PLAN	58-2661919	001
ADP TOTALSOURCE RETIREMENT SAVING PLAN	59-2452823	001
FRANKCRUM RETIREMENT SAVINGS PLAN	59-2626531	333
SUMMIT BROADBAND 401(K) PLAN	59-3439599	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THE DOCTORS RETIREMENT PLAN FBO COLORADO BRAIN & SPINE INSTITUTE	59-3708427	021
ONVIO SERVO LLC 401K PLAN	59-3792149	001
SUN MOUNTAIN 401(K) PLAN	61-1745163	002
VIGILANT GEAR, LLC	62-1311326	333

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BELL INTEGRATOR INC 401K	62-1520411	001
LBMC EMPLOYMENT PARTNERS, LLC 401(K) PROFIT SHARING PLAN	62-1767955	001
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333
STAFFLINK OUTSOURCING RETIREMENT SAVINGS PLAN	65-0788936	333

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SACRAMENTO SELF HELP HOUSING INC.	68-0217383	001
IDA/BNF 401(K) PLAN	68-0667275	001
NEXTEP 401(K) RETIREMENT SAVINGS PLAN	73-1543198	333
EMPLOYER FLEXIBLE 401(K) PLAN	73-1611552	333

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EVERGLADE SOLUTIONS INC.	73-1728465	001
WILLIAM MARCH RICE UNIVERSITY DEFINED CONTRIBUTION PLAN	74-1109620	009
AMERICAN GUARANTY TITLE LLC	74-2882850	001
RKCA SERVICES, LLC 401(K)	83-1504858	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EMPLOYER FLEXIBLE 401(K) PLAN	76-0267090	333
G&A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	001
CHARLES RIVER LABORATORIES, INC. SAVINGS/PLUS PLAN	76-0509980	004
EXMAR OFFSHORE COMPANY 401(K) PLAN	76-0531034	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HR&P SOLUTIONS INC 401K SALARY REDUCTION PLAN AND TRUST	76-0652302	001
IDERA 401(K) SAVINGS PLAN #09121	76-0662481	001
GILS HEAVY EQUIPMENT REPAIR, INC.	76-0685009	333
MCAPS INC	76-0692918	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OPTIMUM EMPLOYER SOLUTIONS 401(K) SAVINGS PLAN	76-0828247	001
PRECI-DIP LLC	80-0402728	001
EMPLOYER FLEXIBLE 401(K) PLAN	81-0702315	333
INDUSTRIOUS OFFICE, INC. RETIREMENT PLAN	81-0797755	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CONSTRUCT TITLE COMPANY, LLC.	81-1757577	002
SELECT ORTHODME HOLDINGS 401(K) PLAN	81-1875613	001
REVIVE RX 4019K) PLAN	81-2135626	001
BRASWELL SERVICES LLC 401(K)	81-2300742	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
QUESTCO COMPANIES RETIREMENT PLAN	81-2333797	001
MAKEUP JUNKIE BAGS LLC	81-3931643	001
SOLUTIONS BY TEXT 401(K) PLAN	81-4349002	001
INNOVUSION INC 401(K) PLAN	81-4422734	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ONESOURCE MEDICAL DIAGNOSTIC LLC 401(K) PROFIT SHARING PLAN & TRUST	81-4855551	001
EXPERT MRI PC 401K PROFIT SHARING PLAN & TRUST	82-0713584	001
INTEGRITY HR MANAGEMENT LLC RETIREMENT SAVINGS PLAN	82-0860806	001
TIGHT LINE COMPOSITES 401(K) PLAN	82-0966040	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
AMPLIFY HR MANAGEMENT RETIREMENT SAVINGS PLAN	82-1671832	001
EXBO GROUP, INC. 401(K) PLAN	82-1896346	002
WORKERS BENEFIT CONSORTIUM INC	82-2087332	001
T3 RECRUITERS, LLC	82-2103940	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PORTSIDE, INC. 401(K) PLAN	82-2475977	001
WAY TO WIN 401K	82-2710035	001
MATHISON TECHNOLOGIES 401(K) PLAN	82-3476594	002
TENOVA LLC 401(K) PLAN	82-4172318	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
INRCORE, LLC	82-4563386	002
MIDDLEGROUND MANAGEMENT LP 401(K) PLAN	82-4632067	001
KRI PROPERTIES FLORIDA LLC	82-4732478	001
BIGHAND INC 401K PLAN	83-0462938	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OVERWATCH GROUP LLC PROFIT SHARING PLAN & TRUST	83-0916247	001
THE MOSACK GROUP 401K) PLAN	83-1150379	001
EMERITUS INSTITUTE OF MANAGEMENT, INC. 401K PLAN	83-1356339	001
MAISE GROUP 401(K) PLAN	83-1645513	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
JESSICA C. SULLIVAN LCSW PLLC 401(K) PLAN	83-1864620	002
ING WEALTH STRATEGIES INC.	83-2278029	001
NISOS HOLDINGS INC. 401(K) PLAN	83-2532660	001
DELTA POINT LLC	83-2793217	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DURA PEOPLE 401(K) PLAN	83-3229458	001
XPERI INC. 401(K) PLAN	83-4470363	501
SAFERENT SOLUTIONS 401K PLAN	84-1543043	001
PULMOCIDE INC. 401(K) PLAN	84-2464424	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NEXTUP SOLUTIONS 401(K) PLAN	84-3346416	001
GULF CAPITAL BANK 401K	84-3488718	001
NEIL JESANI ADVISORS INC.	84-3743863	001
KUROME THERAPEUTICS, INC 401(K) PLAN	84-3864483	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
STELLAR 401(K) PLAN	84-4001284	001
AUXILIOR CAPITAL PARTNERS INC 401K PLAN	84-4293244	001
PBS ASO, LLC RETIREMENT PLAN	85-0768284	001
TIGER PRECISION PRODUCTS LLC 401K PLAN	85-0865842	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ACCURATE DOOR 401(K) PLAN	85-0875986	001
EMED LLC	85-1062955	001
JSR STRATEGIES LLC 401(K) PLAN	85-1755938	002
COALESCE 401(K) PLAN	85-2331227	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CART.COM RETIREMENT PLAN	85-2582907	001
ACPA 401K RETIREMENT SAVINGS PLAN	85-3015279	001
PREMIER 401K POOLED EMPLOYER PLAN	85-3213245	311
UNITED INTEGRATED SERVICES (USA) CORP 401(K) PLAN	85-3875658	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MVII CAPITAL 401(K) PLAN	85-3975464	001
LIGHTPATH TECHNOLOGIES, INC. 401(K) PLAN	86-0708398	001
EXTENSIS GROUP RETIREMENT SAVINGS PLAN	86-1064991	333
ANTHEM HOLDINGS, INC. 401(K) PLAN	86-1189611	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TOLL FREE SOLUTIONS, LLC 401(K) PLAN	86-1605341	001
VENETOULIS INSTITUTE FOR LOCAL JOURNALISM D/B/A THE BALTIMORE BANNER 401(K) PLAN	86-1715499	001
OREGON EQUIPMENT SALES 401K PLAN	86-1889463	001
LITTLE SAINT 401(K) PLAN	86-2744787	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OLISTICO WEALTH 401(K) PLAN	86-3575290	002
PANBELA THERAPEUTICS, INC. 401(K) PLAN	87-0543922	001
STARREZ 401(K) PROFIT SHARING PLAN	87-0700759	001
SLIDE INSURANCE HOLDINGS, INC. 401K PLAN	87-1554861	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
RADIONETICS ONCOLOGY, INC. 401(K) PLAN	87-2627756	001
SILVER CORPORATION HOLDINGS 401(K) PLAN	87-2779353	001
CCVV LLC RETIREMENT PLAN	87-3589849	001
IMPERATIVE 401(K) PLAN	87-4560905	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
STRIVE ENTERPRISES INC. 401(K) PLAN	87-4693630	001
AIRCARE AUTOMATION 401(K) PLAN	88-0723334	002
EPILOG PARTNERS EMPLOYER CO LLC	88-0785580	002
BIDRA INNOVATION VENTURES LLC	88-0953439	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DOORBY LLC 401(K) PLAN	88-0956620	001
ALIZADEH & SALEH DENTAL GROUP, INC. 401K PLAN	88-2407618	001
DAYMARK WEALTH PARTNERS, LLC 401(K) PLAN	88-2642047	001
SUNRIDGE LEGAL, LLP 401(K) PROFIT SHARING PLAN	88-3053665	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GOZYNTA INC.	88-3604714	002
FLOW SYSTEMS COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	88-4000566	001
XCEL HR 401K PLAN	88-4345709	002
REBBL, INC. 401(K) PLAN	90-0960522	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ASCELLAHEALTH LLC 401K PROFIT SHARING PLAN	90-1012556	001
ZAVTEK, INC 401(K) PROFIT SHARING PLAN	91-1551857	001
LIFESPAN BIOSCIENCES, INC. 401(K) PLAN	91-1702682	001
SURETY WEALTH GROUP, LLC 401(K) PLAN	92-0858180	001

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

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

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LINEA ENERGY 401(K) PLAN	92-1122092	001
DIRECTIONAL DECISIONS, LLC RETIREMENT TRUST	92-1423297	001
ENERGETIX HOLDING, LLCC 401(K) PLAN	93-1240692	001
RACO MANUFACTURING & ENGINEERING PROFIT SHARING PLAN	94-2158205	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
COMPASS COMPENENTS INC 401K PLAN	94-2701529	001
AUTODESK 401(K) PLAN	94-2819853	001
AIRBUS U.S. SPACE & DEFENSE, INC. 401(K) RETIREMENT PLAN	95-3174837	003
HUMAN DESIGNS PROSTHETICS & ORTHOTICS 401(K) PLAN	95-4274894	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EXTENSIS GROUP LLC	95-4641105	333
INNOVID LLC	98-0566587	001
ARVAN, INC. 401(K) PLAN	41-1903245	002
CAPSTONE FEDERAL CREDIT UNION 401(K) PLAN	95-6047522	002

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CHILD CARE COORDINATING COUNCIL OF SAN MATEO COUNTY, INC. 401(K) PLAN	94-2226587	003
CROWNED GRACE INTERNATIONAL 401(K) PLAN	20-0035627	003
CURAMERICAS GLOBAL, INC. 401(K) PLAN	56-1400098	002
GEARHART LAW, LLC 401K PLAN	14-1974491	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GOLDEN GATE VENTURES 401(K) PLAN	38-4206043	001
JUNO MARKETING LLC 401(K) PLAN	85-1136458	001
KODAI CAPITAL MANAGEMENT L.P. 401(K) PLAN	85-1292877	001
LEUMAS RESIDENTIAL LLC 401(K) PLAN	71-0941816	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MAZEMAP INC 401(K) PLAN	86-3927257	001
MEDICENNA BIOPHARMA INC 401(K) PLAN	61-1767180	001
MELANIE CASEY CORP 401(K) PLAN	84-3811025	001
MINISTRY BY TEXT LLC 401(K) PLAN	81-4359118	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PLATINUM CARGO LOGISTICS, INC. 401(K) PLAN	20-8203163	001
RICHARD'S HEATING & AIR REPAIR, INC. 401(K) PLAN	47-2839315	001
RISE AT SEVEN US LLC 401(K) PLAN	35-2704090	001
SEPTERNA INC. 401(K) PLAN	84-3891440	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SKINFOCUSED DERMATOLOGY LLC 401(K) PLAN	46-5305370	001
SKY ISLAND ALLIANCE 401(K) PLAN	86-0796748	001
SKYBELL TECHNOLOGIES, INC. 401(K) PLAN	46-2930679	001
STRATEGIC ALLIANCE, INCORPORATED 401(K) PLAN	46-1148595	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
STRATEGIC PRACTICE SOLUTION, LLC 401(K) PLAN	27-3308592	001
TALISMAN BRANDS, INC. 401(K) PLAN	88-0783799	001
UPTIMA, INC. 401(K) PLAN	46-1302210	001
XCITE MEDIA GROUP, LLC 401(K) PLAN	27-4565746	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ZENO RESEARCH LLC 401(K) PLAN	84-3248262	001
PARTSSOURCE 401(K) PLAN	34-1945164	001
CISO RETIREMENT PLAN	83-4210278	001
ON DEMAND PHARMACEUTICALS 401K PLAN	37-1802433	001

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

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

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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan INSPERITY 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INSPERITY HOLDINGS, INC.	D Employer Identification Number (EIN) 76-0178498	

Part I	Distributions
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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): 25-1926855		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

Insperity 401(k) Plan
December 31, 2023 and 2022, and
Year Ended December 31, 2023
With Report of Independent Auditors

Insperity 401(k) Plan

Financial Statements and Supplemental Schedule

December 31, 2023 and 2022, and Year Ended December 31, 2023

Contents

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Report of Independent Auditors

Plan Administrator
Insperity 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Insperity 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material

respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023 (referred to as the "supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such

information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Ernst & Young LLP

October 9, 2024

Insperity 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2023	2022
Assets		
Cash	\$ 4,046,252	\$ 2,171,772
Investments, at fair value	7,973,482,247	6,260,859,858
Receivables:		
Participant contributions	23,761,461	21,472,504
Company contributions	25,983,215	23,836,663
Due from broker for unsettled trades	-	563,050
Dividends	-	969,816
Notes receivable from participants	105,399,977	90,528,758
Total receivables	155,144,653	137,370,791
Total assets	8,132,673,152	6,400,402,421
Liabilities		
Excess contributions payable	4,867,701	3,975,091
Other liabilities	4,146,802	2,138,139
Total liabilities	9,014,503	6,113,230
Net assets available for benefits	<u>\$ 8,123,658,649</u>	<u>\$ 6,394,289,191</u>

See accompanying notes.

Insperity 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

Additions:

Participant contributions	\$ 992,165,981
Company contributions	420,059,949
Rollover contributions	<u>196,317,353</u>
Total contributions	1,608,543,283
Interest income on notes receivable from participants	<u>5,564,996</u>
Total additions	<u>1,614,108,279</u>

Investment income:

Investment income	73,228,248
Other income	541,521
Net appreciation in fair value of investments	<u>1,155,429,171</u>
Net investment gain	<u>1,229,198,940</u>

Deductions:

Benefits paid to participants	841,038,235
Administrative expenses	8,409,086
Return of excess contributions	<u>5,150,987</u>
Total deductions	<u>854,598,308</u>

Other changes in net assets:

Transfer of assets to other qualified plans	(697,103,660)
Transfer of assets from other qualified plans	<u>437,764,207</u>
Net other changes	<u>(259,339,453)</u>

Net increase	1,729,369,458
--------------	---------------

Net assets available for benefits at:

Beginning of year	<u>6,394,289,191</u>
End of year	<u><u>\$ 8,123,658,649</u></u>

See accompanying notes.

Insperity 401(k) Plan

Notes to the Financial Statements

December 31, 2023

1. Description of the Plan

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

General

The Plan is a defined contribution plan. The Plan was established for eligible worksite employees (Eligible Employees) of Insperity Holdings, Inc. and its affiliates (the Company). The Plan document includes an election agreement (the Election Agreement) for each Covered Entity, as defined by the Plan, that indicates which of certain varying provisions of the Plan, such as eligibility, employer contributions, and automatic salary deferrals, apply to certain Eligible Employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Committee is the designated plan administrator of the Plan under ERISA and is responsible for administration and oversight of the Plan. Rocaton Investment Advisors, LLC (Rocaton) is the ERISA 3(38) investment manager for the Plan with responsibility for selection and monitoring of Plan investments. The Bank of New York Mellon (BNY Mellon) is the trustee of the Plan.

Eligibility

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

- Immediate participation with no minimum age requirement,
- attainment of 21 years of age and the completion of 1,000 hours of service within a one-year computation period,
- attainment of 21 years of age and completion of one year of service, or
- attainment of 21 years of age and completion of three consecutive months of employment.

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

Insperty 401(k) Plan

Notes to the Financial Statements (continued)

Contributions

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

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

Participant Accounts

Each participant's account is credited with the participant's contributions and the Company's contributions and allocations of plan earnings, and may be charged with an allocation of administrative expenses. Plan earnings are allocated based on the participant's share of net earnings or losses of the respective investment options. The benefit to which a participant is entitled is the amount that can be provided from the participant's vested account.

Vesting

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

Insperty 401(k) Plan

Notes to the Financial Statements (continued)

Benefit Payments

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

In-Service Distributions, Hardship Withdrawals and Participant Loans

Participants may request a distribution of their rollover and eligible merged contribution accounts at any time. At age 59½, active participants may receive an in-service withdrawal of all or a portion of their accrued benefits. Distributions in the event of financial hardship may also be available to participants with a qualifying financial hardship.

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

Administrative Expenses

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

The Plan's core investments do not include share classes that remit revenue sharing to the Plan, unless a lower expense ratio share class without revenue sharing is not available. By year end, the one remaining core investment option that paid revenue sharing switched to a newly available lower expense ratio share class without revenue sharing. Prior to this share class change, any revenue sharing was deposited in a Revenue Sharing Account (RSA) and the Committee instructed the recordkeeper to periodically allocate on a pro-rata basis the collected revenue sharing in the RSA to participants who are invested on the allocation date in the underlying investment that generated the revenue sharing.

Insperity 401(k) Plan

Notes to the Financial Statements (continued)

Plan Termination

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

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Notes Receivable from Participants

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

Excess Contributions Payable

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

Use of Estimates

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

Investment Valuation and Income Recognition

Under the terms of the trust agreement with the trustee, the Plan has investments in various mutual funds, and common/collective trust funds or collective investment funds. Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the

Insperity 401(k) Plan

Notes to the Financial Statements (continued)

measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

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

3. Investments

Investment information, excluding notes receivable from participants and the related interest income, disclosed in the accompanying financial statements and supplemental schedule, including investments held, cash, and due to or from broker for unsettled trades at December 31, 2023 and 2022, and net appreciation in fair value of investments and investment income for the year ended December 31, 2023, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by BNY Mellon, the trustee of the Plan.

Notes receivable from participants of \$105,399,977 and \$90,528,758 at December 31, 2023 and 2022, respectively, and related interest income of \$5,564,996 for the year ended December 31, 2023, have not been certified as complete and accurate by the trustee.

4. Fair Value Measurements

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

- Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities.
- Level 2 - Level 2 inputs include the following:
 - Quoted prices for similar assets and liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in markets that are not active
 - Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities
 - Inputs that are derived primarily from or corroborated by observable market data by correlation or other means

Insperity 401(k) Plan

Notes to the Financial Statements (continued)

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

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

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

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

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

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

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

Inspirity 401(k) Plan

Notes to the Financial Statements (continued)

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

	Level 1	Level 2	Level 3	December 31, 2023
Mutual funds	\$1,532,409,186	—	—	\$1,532,409,186
Total mutual funds	\$1,532,409,186	—	—	\$1,532,409,186
Investments measured at net asset value				
Common/collective trust funds ⁽ⁱ⁾ :				
MetWest Total Return Bond Fund ^(a)				101,926,175
New York Life Ins Co Anchor Account Fund ^(b)				345,568,585
SSgA S&P 500 Index Fund ^(c)				1,231,015,166
SSgA Global All Cap Eq Ex-US Index Fund ^(d)				75,297,676
SSgA Russell Small/Mid Cap Index Fund ^(e)				99,496,595
SSgA U.S. Bond Index Fund ^(f)				55,895,714
SSgA Target Retirement Funds ^(g)				3,985,148,579
T. Rowe Price Blue Chip Growth Fund ^(h)				546,724,571
Total common/collective trust funds				6,441,073,061
Total investments at fair value				\$ 7,973,482,247

	Level 1	Level 2	Level 3	December 31, 2022
Mutual funds	\$1,325,098,479	—	—	\$1,325,098,479
Total mutual funds	\$1,325,098,479	—	—	\$1,325,098,479
Investments measured at net asset value				
Common/collective trust funds ⁽ⁱ⁾ :				
MetWest Total Return Bond Fund ^(a)				102,703,926
New York Life Ins Co Anchor Account Fund ^(b)				357,985,411
SSgA S&P 500 Index Fund ^(c)				900,629,104
SSgA Global All Cap Eq Ex-US Index Fund ^(d)				45,329,259
SSgA Russell Small/Mid Cap Index Fund ^(e)				62,249,710
SSgA U.S. Bond Index Fund ^(f)				36,790,486
SSgA Target Retirement Funds ^(g)				3,075,205,740
T. Rowe Price Blue Chip Growth Fund ^(h)				354,867,743
Total common/collective trust funds				4,935,761,379
Total investments at fair value				\$ 6,260,859,858

Insperity 401(k) Plan

Notes to the Financial Statements (continued)

- ^(a)The MetWest Total Return Bond Fund is stated at the NAV as reported by TCW Multiple Investment Trust. The fund is a fixed income fund that invests in a diversified portfolio of high quality bonds and other debt securities. The fund seeks to maximize long-term total return.
- ^(b)The New York Life Ins Co Anchor Account Fund is stated at a static \$1 price by New York Life Insurance Company. The fund is a stable value product that guarantees principal and accumulated interest. The fund invests in high quality fixed income bonds and seeks to minimize volatility. The fund has a limitation on transfers to competing investments available under the Plan, but no such competing investments are currently available.
- ^(c)The SSgA S&P 500 Index Fund is stated at the NAV as reported by SSgA's North America Valuation Committee. The fund is a domestic stock fund that seeks to track the performance of the S&P 500[®] Index, which measures the investment return of large-capitalization U.S. stocks.
- ^(d)The SSgA Global All Cap Eq Ex-US Index Fund is stated at the NAV as reported by SSgA's North America Valuation Committee. The fund is an international stock fund that seeks to track the performance of the MSCI ACWI Ex. US Index, which measures the investment return of stocks issued by companies located in developed and emerging markets, excluding the United States.
- ^(e)The SSgA Russell Small/Mid Cap Index Fund is stated at the NAV as reported by SSgA's North America Valuation Committee. The fund is a domestic stock fund that seeks to track the performance of the Russell Small Cap Completeness Index, which measures the investment return of small- and mid-capitalization U.S. stocks.
- ^(f)The SSgA U.S. Bond Index Fund is stated at the NAV as reported by SSgA's North America Valuation Committee. The fund is a bond fund that seeks to track the performance of the Barclay's U.S. Aggregate Bond Index.
- ^(g)The SSgA Target Retirement Funds are stated at the NAV as reported by SSgA's North America Valuation Committee. The funds are a series of target date funds, which are designed to be a diversified portfolio for participants aiming to retire within a few years of the year specified in the fund's name. The funds follow a "glide path", allowing for the funds to become less risky, meaning the funds hold a decreasing percentage of stocks, as they approach and pass the year in the fund's name, until leveling out approximately five years after the year specified in the fund's name. The funds are broadly diversified and include asset classes such as U.S. stocks, international stocks, U.S. Government and other U.S. bonds, and inflation-sensitive asset classes. The principal value of the funds is not guaranteed at any time, including at the time of the target date and/or withdrawal.

Insperity 401(k) Plan

Notes to the Financial Statements (continued)

^(h)The T. Rowe Price Blue Chip Growth Fund is stated at the NAV as reported by the T. Rowe Price Valuation Committee. The fund is a domestic large-cap growth stock fund. The fund seeks to provide long-term capital growth. Income is a secondary objective.

⁽ⁱ⁾None of the common/collective trust funds in the Plan have participant redemption restrictions.

5. Plan Transfers

Certain Covered Entities requested transfer of assets of their attributable portion of the Plan, either to another qualified plan or from another qualified plan. Such transfers were permitted, providing that affected participants would receive a benefit immediately after the transfer equal to or greater than the benefit the affected participants would have received immediately before the transfer. During 2023, \$437,764,207 in assets representing the accrued benefits attributable to certain current and former participants of Covered Entities were transferred into the Plan from other qualified plans. Additionally, \$697,103,660 in assets representing the accrued benefits attributable to certain current and former participants were spun off to other plans not sponsored by the Company.

6. Income Tax Status

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

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

7. Risks and Uncertainties

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

Insperity 401(k) Plan

Notes to the Financial Statements (continued)

affect the amounts reported in the statements of net assets available for benefits and participant account balances.

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

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

9. Subsequent Events

Goldman Sachs, as part of its ongoing integration efforts since acquiring Rocatton in 2019, merged Rocatton into its registered investment adviser affiliate, Goldman Sachs Asset Management, L.P. (GSAM) on or about October 1, 2024. Pursuant to the merger, GSAM is the resulting investment manager for the Plan.

The plan administrator has evaluated subsequent events for the Plan through October 9, 2024, the date the financial statements were available to be issued.

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

**2023 FORM 5500, PART I, LINE
A ATTACHMENT 1**

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

Supplemental Schedule

Insperity 401(k) Plan

EIN #76-0178498 Plan #001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2023

Identity of Issue	Description of Investment	Current Value
Common/collective trust funds:		
Metropolitan West	MetWest Total Return Bond Fund (C)	\$ 101,926,175
New York Life Insurance Company	New York Life Ins Co Anchor Account Fund	345,568,585
State Street Global Advisors Trust	SSgA Global All Cap Eq Ex-US Index Fund (K)	75,297,676
State Street Global Advisors Trust	SSgA Russell Small/Mid Cap Index Fund (K)	99,496,595
State Street Global Advisors Trust	SSgA S&P 500 Index Fund (K)	1,231,015,166
State Street Global Advisors Trust	SSgA U.S. Bond Index Fund (M)	55,895,714
State Street Global Advisors Trust	SSgA Target Retirement Income Fund (P)	102,287,592
State Street Global Advisors Trust	SSgA Target Retirement 2020 Fund (P)	128,169,081
State Street Global Advisors Trust	SSgA Target Retirement 2025 Fund (P)	385,657,618
State Street Global Advisors Trust	SSgA Target Retirement 2030 Fund (P)	530,027,448
State Street Global Advisors Trust	SSgA Target Retirement 2035 Fund (P)	578,997,072
State Street Global Advisors Trust	SSgA Target Retirement 2040 Fund (P)	554,758,596
State Street Global Advisors Trust	SSgA Target Retirement 2045 Fund (P)	572,844,278
State Street Global Advisors Trust	SSgA Target Retirement 2050 Fund (P)	515,726,698
State Street Global Advisors Trust	SSgA Target Retirement 2055 Fund (P)	377,020,536
State Street Global Advisors Trust	SSgA Target Retirement 2060 Fund (P)	198,355,636
State Street Global Advisors Trust	SSgA Target Retirement 2065 Fund (P)	41,304,024
T. Rowe Price	T. Rowe Price Blue Chip Growth Fund	546,724,571
Total common/collective trust funds		<u>6,441,073,061</u>
Mutual funds:		
American Funds	American Funds EuroPacific Growth Fund (R6)	207,352,596
Dodge & Cox	Dodge & Cox Stock Fund	412,266,569
Hartford	Hartford Small Cap Growth HLS Fund (IA)	182,007,948
Nuveen Funds	Nuveen Small Cap Value Fund (R6)	107,321,216
PIMCO	PIMCO All Asset Fund (Inst)	23,897,391
PIMCO	PIMCO Income Fund (Inst)	156,830,813
T. Rowe Price	T Rowe Price Mid-Cap Growth Fund (I)	265,412,797
Victory Funds	Victory Sycamore Established Value Fund (R6)	177,319,856
Total mutual funds		<u>1,532,409,186</u>
*Participant loans	Varying maturity dates and interest rates ranging from 3.25% to 10.25%	105,399,977
Total		<u><u>\$8,078,882,224</u></u>
*Party-in-interest		