

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [X] 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) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [X] 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 EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1998
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) EMPLOYSHARE, INC. 6824 BIG BEAVER BLVD BEAVER FALLS, PA 15010-1803
2b Employer Identification Number (EIN) 34-1832544
2c Plan Sponsor's telephone number 724-384-3050
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 693 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 619 |
|   | <b>6a(2)</b>                               | 671 |
|   | <b>6b</b>                                  | 3   |
|   | <b>6c</b>                                  | 91  |
|   | <b>6d</b>                                  | 765 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 765 |
|   | <b>6g(1)</b>                               | 459 |
| <b>6g(2)</b>  | 560  |     |
| <b>6h</b>   | 3  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2T

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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**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.

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

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

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

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN</b></p>              | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>EMPLOYSHARE, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>34-1832544</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 84-0467907 | 68322         | 702000                                | 373   | 01/01/2024              | 12/31/2024 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                      |
|----------------------------|--|----------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                      |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 1899347              |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 24706727             |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                      |
| <b>a</b>                   | State the basis of premium rates ▶   |                      |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>            |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>            |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>            |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                      |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                      |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                      |
| <b>a</b>                   | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                      |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 0          |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b> 3073562 |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b> 0       |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 6719    |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 3702340 |
|                            | (5) Other (specify below).....<br>▶ GAIN AND LOSS  | <b>7c(5)</b> 115     |
|                            | (6) Total additions .....  | <b>7c(6)</b> 6782736 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 6782736    |
| <b>e</b>                   | <b>Deductions:</b>   |                      |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 450222  |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 0       |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> 4433167 |
|                            | (4) Other (specify below).....<br>▶  | <b>7e(4)</b> 0       |
| (5) Total deductions ..... | <b>7e(5)</b> 4883389   |                      |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 1899347    |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

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

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN</b></p>              | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>EMPLOYSHARE, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>34-1832544</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**MUTUAL OF AMERICA SEC. CORP LLC**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 13-1614399 | 88668         | 576400                                | 0   | 01/01/2024              | 12/31/2024 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>  |                                    |
|----------------------------|---|------------------------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.  |                                    |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....   | 0                                  |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....  | 0                                  |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>  |                                    |
| <b>a</b>                   | State the basis of premium rates ▶  |                                    |
| <b>b</b>                   | Premiums paid to carrier .....  | 6b                                 |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....  | 6c                                 |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶   | 6d                                 |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |                                    |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>   |                                    |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>  |                                    |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                                    |
| <b>b</b>                   | Balance at the end of the previous year .....   | 7b                      1735519    |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....  | 7c(1)                      252974  |
|                            | (2) Dividends and credits.....  | 7c(2)                              |
|                            | (3) Interest credited during the year.....  | 7c(3)                      50834   |
|                            | (4) Transferred from separate account .....   | 7c(4)                      850195  |
|                            | (5) Other (specify below).....<br>▶ GAIN AND LOSS, FORFEITURES  | 7c(5)                      24367   |
|                            | (6) Total additions .....   | 7c(6)                      1178370 |
| <b>d</b>                   | Total of balance and additions (add lines 7b and 7c(6)) .....   | 7d                      2913889    |
| <b>e</b>                   | <b>Deductions:</b>  |                                    |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....   | 7e(1)                      59504   |
|                            | (2) Administration charge made by carrier.....  | 7e(2)                      129     |
|                            | (3) Transferred to separate account .....   | 7e(3)                      346149  |
|                            | (4) Other (specify below).....<br>▶ TRANSFER TO EMPOWER ANNUITY   | 7e(4)                      2508107 |
| (5) Total deductions ..... | 7e(5)                      2913889  |                                    |
| <b>f</b>                   | Balance at the end of the current year (subtract line 7e(5) from line 7d).....  | 7f                      0          |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|          |  |                 |                 |  |   |
|----------|--|-----------------|-----------------|--|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |  |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |  |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |  |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |  | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |  |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |  |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |  | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |  |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |  |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |  |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |  |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |  |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |  |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |  |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |  |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |  |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> |  | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |  |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |  |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |  |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |  |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

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

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN</b></p>              | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>EMPLOYSHARE, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>34-1832544</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 84-0467907 | 68322         | 702498                                | 33  | 01/01/2024              | 12/31/2024 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|  |          |         |
|--|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 181384  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 2437062 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b** 0

|   |              |        |
|---|--------------|--------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 222181 |
| (2) Dividends and credits.....  | <b>7c(2)</b> | 0      |
| (3) Interest credited during the year.....                            | <b>7c(3)</b> | 603    |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 221326 |
| (5) Other (specify below).....<br>▶ GAIN AND LOSS                     | <b>7c(5)</b> | 19     |

(6) Total additions ..... **7c(6)** 444129

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 444129

**e** Deductions:

|   |              |        |
|---|--------------|--------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 0      |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> | 0      |
| (3) Transferred to separate account .....                                 | <b>7e(3)</b> | 262745 |
| (4) Other (specify below).....<br>▶                                       | <b>7e(4)</b> |        |

(5) Total deductions ..... **7e(5)** 262745

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 181384

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN</b>              | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>EMPLOYSHARE, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>34-1832544</b> |            |

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE  
NEW YORK, NY 10022

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 15 37<br>65         | RECORD KEEPER   | 2476   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 64                     | RECORDKEEPER  | 411  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> |  |
| <b>A</b> Name of plan<br><u>EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN</u>                             | <b>B</b> Three-digit plan number (PN) <u>001</u>                   |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>EMPLOYSHARE, INC.</u>         | <b>D</b> Employer Identification Number (EIN)<br><u>34-1832544</u> |

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

|   |                               |   |
|---|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA DIVIDEND VALUE</u>                     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>        |                               |   |
| <b>c</b> EIN-PN <u>06-1050034-785</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2139224</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE PLUS BOND/PGIM FUND</u>                    |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>        |                               |   |
| <b>c</b> EIN-PN <u>06-1050034-299</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>187968</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP EUROPACIFIC GROWTH SA</u>         |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>CAPITAL GROUP</u>                            |                               |   |
| <b>c</b> EIN-PN <u>06-1050034-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4499191</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SA/JANUS BALANCED STRATEGY</u>                  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>        |                               |   |
| <b>c</b> EIN-PN <u>06-1050034-180</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3185370</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH/JP MORGAN INVST MG</u>         |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>        |                               |   |
| <b>c</b> EIN-PN <u>06-1050034-141</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15619213</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY MID CAP VAL</u>                |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERICAN CENTURY INVEST MANAGEMENT, INC.</u> |                               |   |
| <b>c</b> EIN-PN <u>06-1050034-850</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1512822</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RET BLEND SELECT 2050</u>          |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>                               |                               |   |
| <b>c</b> EIN-PN <u>38-7271348-742</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1081676</u>  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELECT 2045

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

|                                |                        |   |         |
|--------------------------------|------------------------|---|---------|
| <b>c</b> EIN-PN 38-7271347-741 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2405339 |
|--------------------------------|------------------------|---|---------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELECT 2020

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

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 38-7271342-736 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 246215 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELECT 2030

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

|                                |                        |   |         |
|--------------------------------|------------------------|---|---------|
| <b>c</b> EIN-PN 38-7271344-738 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2152311 |
|--------------------------------|------------------------|---|---------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE SMALL CAP OPPORT. CL3

**b** Name of sponsor of entity listed in (a): BENEFIT PLANS ADMIN SERVICES COLLECTIVE TRUSTS

|                                |                        |   |         |
|--------------------------------|------------------------|---|---------|
| <b>c</b> EIN-PN 87-6383971-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1923241 |
|--------------------------------|------------------------|---|---------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND S. TR 2060

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

|                                |                        |   |         |
|--------------------------------|------------------------|---|---------|
| <b>c</b> EIN-PN 38-7271350-744 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1393644 |
|--------------------------------|------------------------|---|---------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND S. TR 2035

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

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 38-7271345-739 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 712676 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND S. TR 2040

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

|                                |                        |   |         |
|--------------------------------|------------------------|---|---------|
| <b>c</b> EIN-PN 38-7271346-740 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3770942 |
|--------------------------------|------------------------|---|---------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND S. TR 2010

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

|                                |                        |   |       |
|--------------------------------|------------------------|---|-------|
| <b>c</b> EIN-PN 38-7264570-734 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 26608 |
|--------------------------------|------------------------|---|-------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND S. TR 2055

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

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 38-7271349-743 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 532067 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND S. TR 2025

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

|                                |                        |   |         |
|--------------------------------|------------------------|---|---------|
| <b>c</b> EIN-PN 38-7271343-737 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1301563 |
|--------------------------------|------------------------|---|---------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROEW PRICE RET BLEND SE TRST 2065

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

|                                |                        |   |
|--------------------------------|------------------------|---|
| <b>c</b> EIN-PN 38-7271351-745 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52390 |
|--------------------------------|------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND CL R1

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

|                                |                        |   |
|--------------------------------|------------------------|---|
| <b>c</b> EIN-PN 38-4065329-426 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2746827 |
|--------------------------------|------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SEL TR 2015

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

|                                |                        |   |
|--------------------------------|------------------------|---|
| <b>c</b> EIN-PN 38-7271341-735 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19653 |
|--------------------------------|------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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



|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>EMPLOYSHARE, INC.</b>                | <b>D</b> Employer Identification Number (EIN)<br><b>34-1832544</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---|------------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b> 0            | 15174           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                        |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b> 27697     | 1391964         |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b> 99776     | 92663           |
| <b>(3)</b> Other .....  | <b>1b(3)</b>           |                 |
| <b>c</b> General investments:   |                        |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>           |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>           |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                        |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>        |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>        |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                        |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>        |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>        |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>           |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>           |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>           |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b> 343563    | 397463          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b> 0         | 18365151        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>          |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>          |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>          |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b> 57730746 | 28475091        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b> 1735519  | 2080731         |
| <b>(15)</b> Other.....  | <b>1c(15)</b> 0        | 27143789        |

| <b>1d</b> Employer-related investments:                                  |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property.....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 59937301                     | 77962026               |
| <b>Liabilities</b>   |              |                              |                        |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                              |                        |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                              |                        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                            | 0                      |
| <b>Net Assets</b>  |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 59937301                     | 77962026               |

**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.

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 4709964           |                  |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 5970478           |                  |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 715355            |                  |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 11395797         |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| <b>(1) Interest:</b>   |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |                   |                  |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 22878             |                  |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 58151             |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 81029            |
| <b>(2) Dividends:</b>  |                 |                   |                  |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |                   |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 0                |
| (3) Rents.....   | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |                   |                  |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |                   |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |                   |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |                   |                  |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |                   |                  |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |                   |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|   |        | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 10846761  |
| <b>c</b> Other income .....   | 2c     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | 2d     |            | 22323587  |

**Expenses**

|  |        |         |         |
|--|--------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | 2e(1)  | 4269505 |         |
| (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)  |         | 4269505 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g     |         |         |
| <b>h</b> Interest expense.....   | 2h     |         |         |
| <b>i</b> Administrative expenses:  |        |         |         |
| (1) Salaries and allowances .....  | 2i(1)  |         |         |
| (2) Contract administrator fees .....  | 2i(2)  |         |         |
| (3) Recordkeeping fees .....   | 2i(3)  | 2487    |         |
| (4) IQPA audit fees .....  | 2i(4)  |         |         |
| (5) Investment advisory and investment management fees .....                               | 2i(5)  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                     | 2i(6)  |         |         |
| (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) |         |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                     | 2i(12) |         | 2487    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j     |         | 4271992 |

**Net Income and Reconciliation**

|  |       |  |          |
|--|-------|--|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 18051595 |
| <b>l</b> Transfers of assets:                                  |       |  |          |
| (1) To this plan.....  | 2l(1) |  |          |
| (2) From this plan .....                                       | 2l(2) |  | 26870    |

**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: **WILKE CPAS & ADVISORS LLP**

(2) EIN: **25-1871694**

**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 |
|--|-----|----|--------|
| <b>a</b> 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.)                 |     | X  |        |
| <b>b</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.) |     | X  |        |
| <b>c</b> 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.)   |     | X  |        |
| <b>d</b> 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.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> 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?   |     | X  |        |
| <b>h</b> 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?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> 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.)   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s)                            | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|---|---------------------|--------------------|
| ANDREW D. NORMAN LLC 401(K) PROFIT SHARING PLAN & TRUST | 83-2777086          | 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 \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN</u>              | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EMPLOYSHARE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1832544</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

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

|   |  |   |
|---|--|---|
| 1 |  | 0 |
|---|--|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 13-3590259 20-3691708

**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 |  |
|---|--|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

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

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

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

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

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

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

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

**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 04 / 07 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q703120A.

|   |  |   |
|---|--|---|
| <b>SCHEDULE MEP<br/>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service<br/>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</b><br><br>This schedule is required to be filed under section 104 of the<br>Employee Retirement Income Security Act of 1974 (ERISA) and<br>Section 6058(a) of the Internal Revenue Code (the Code)<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public<br/>Inspection</b> |
|---|--|---|

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

|  |   |            |
|--|---|------------|
| <b>A</b> Name of plan<br><b>EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN</b>                                 | <b>B</b> Three-digit Plan number (PN)..... ▶      | <b>001</b> |
| <b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br><b>EMPLOYSHARE, INC.</b> | <b>D</b> Administrator's EIN<br><b>34-1832544</b> |            |

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d**  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

|  |                                    |  |  |
|--|------------------------------------|--|--|
| <b>2a</b> Name of Participating Employer<br><b>EMPLOYSHARE, INC.</b>     | <b>2b</b> EIN<br><b>34-1832544</b> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><b>0.93</b> | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><b>577769</b> |
| <b>2a</b> Name of Participating Employer<br><b>5 STONE HOLDINGS, LLC</b> | <b>2b</b> EIN<br><b>88-2995114</b> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><b>0.43</b> | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><b>737687</b> |

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|  |           |  |
|--|-----------|--|
| <b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?  | <b>2e</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | <b>2f</b> |  |
| <b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.  | <b>2g</b> |  |

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--|--|
| A. HUGG, LLC                      | 27-1135866 | 1.06   | 1305397  |
| AB DYNAMIC SOLUTIONS, INC.        | 82-3543071 | 0.00   | 0  |
| AB DYNAMIC SOLUTIONS, INC.        | 82-3543071 | 0.73   | 456179   |
| ABSOLUTE GROUP, LLC               | 36-4369878 | 4.72   | 2070180  |
| AEGIS FP SERVICES, LLC            | 99-0946430 | 0.32   | 17559  |
| AMTA, LLC                         | 82-4585796 | 0.31   | 24634  |
| ASHFORD WEALTH ADVISORS, LLC      | 81-3286567 | 3.22   | 843792   |
| BEN C SMITH JR                    | 92-1268579 | 0.19   | 27516  |
| BERISS AND ASSOCIATES, LLC        | 86-1209641 | 0.50   | 1372179  |

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|-----------------------------------|------------|--|--|
| BERLIN & ASSOCIATES, LLC          | 45-3999724 | 1.01   | 945104   |
| BOBBY D. HARRIS                   | 85-0541039 | 1.68   | 166595   |
| BRAD A. SWARTZWELDER, INC         | 26-3778717 | 1.33   | 2341553  |
| BWT FINANCIAL, LLC                | 81-5243652 | 0.47   | 2404231  |
| CALANDER WEALTH MANAGEMENT, LLC   | 81-2298163 | 0.42   | 155800   |
| CAPUTO INSURANCE AGENCY, INC.     | 25-1462058 | 0.50   | 688632   |
| CCWF2, LLC                        | 88-1956817 | 0.00   | 0  |
| CCWF2, LLC                        | 88-1956817 | 1.16   | 230401   |
| CHARLES M. EVANS                  | 46-2764619 | 0.07   | 33538  |

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|---|------------|--|--|
| CHRISTOPHER M. GURLEY                           | 57-7046445 | 0.99   | 189447   |
| CIRKSENA, KNIGHT, JACOBSEN, SIEPS & KRESSE, LLC | 47-2473806 | 5.74   | 5152259  |
| COOP, LLC                                       | 84-4154004 | 1.26   | 609464   |
| DAVID M KLEINER, LLC                            | 20-5997992 | 0.00   | 0  |
| DAVID M KLEINER, LLC                            | 20-5997992 | 0.05   | 2188   |
| DAVID M MEDICK, LLC                             | 83-2852274 | 0.87   | 1117905  |
| DILWORTH MANAGEMENT GROUP LLC                   | 87-4531496 | 0.57   | 135485   |
| DLIGHT INC.                                     | 47-2676802 | 0.42   | 370889   |
| DSW ENTERPRISES, LLC                            | 47-4365947 | 0.76   | 968758   |

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|------------------------------------|------------|--|--|
| ELAINA A. CARLSON                  | 20-3203463 | 1.12   | 1470126  |
| ER GREEN OPERATIONAL SERVICES, LLC | 85-3932483 | 1.31   | 538406   |
| ESCO & ASSOCIATES, INC             | 81-2031467 | 1.65   | 782930   |
| FINANCIAL PLANNING PARTNERS, LLC   | 54-1962031 | 0.74   | 915573   |
| FINN FINANCIAL, INC                | 27-4090976 | 0.43   | 1246901  |
| FP MATTERS, LLC                    | 52-2222594 | 1.12   | 2943096  |
| FRENCH COMPASS LLC                 | 88-2748448 | 1.83   | 1557841  |
| FRONTLINE GROUP, INC               | 82-0999070 | 1.48   | 84093  |
| GEORGE G. SMOJVER                  | 26-3965228 | 0.27   | 252162   |

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|------------------------------------|------------|--|--|
| GREAT SERVICE MODEL, LLC           | 88-0537497 | 1.28   | 494976   |
| GREEN VISTA, LLC                   | 46-1875876 | 1.60   | 1867382  |
| HAMTECH, LLC                       | 27-4874513 | 0.00   | 0  |
| HAMTECH, LLC                       | 27-4874513 | 2.08   | 1574374  |
| HAWKINS & ASSOCIATES, LLC          | 45-2535810 | 0.46   | 257985   |
| HH BMD ENTERPRISES LLC             | 87-1368181 | 1.07   | 380539   |
| HURWITZ & ASSOCIATES, LLC          | 45-4699049 | 0.80   | 1403059  |
| ILSK, LLC                          | 88-0640049 | 1.22   | 123193   |
| IRONSIDES OPERATIONAL SUPPORT, LLC | 84-4007088 | 1.39   | 1156860  |

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|-----------------------------------|------------|--|--|
| J & R OPERATIONS, LLC             | 86-2433011 | 0.00   | 10840  |
| J & R OPERATIONS, LLC             | 86-2433011 | 2.91   | 2491103  |
| J. LYNNE CONSULTING, LLC          | 27-4567552 | 0.00   | 0  |
| J. LYNNE CONSULTING, LLC          | 27-4567552 | 0.05   | 91980  |
| JASON D. DUNN                     | 84-4186528 | 0.07   | 263480   |
| JEFF M. CROSBY                    | 91-1715585 | 2.87   | 2167469  |
| JEFFERY N EVANS                   | 26-0121347 | 0.40   | 64333  |
| JIN & ASSOCIATES, LLC             | 47-5462952 | 0.78   | 307528   |
| KIMBERLEE M.O., LLC               | 82-3847295 | 1.34   | 3121721  |

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|-----------------------------------|------------|--|--|
| L&J OPERATIONS LLC                | 99-4662276 | 0.36   | 636654   |
| LBYD, LLC                         | 99-0530331 | 0.52   | 332721   |
| LEVI SHANE BRANDRISS              | 86-3582906 | 0.35   | 274575   |
| LFS MANAGEMENT, LLC               | 20-5673241 | 0.19   | 378266   |
| LIFE VA. LLC                      | 27-0524683 | 0.00   | 56143  |
| LLLII, INC.                       | 87-3293509 | 0.42   | 369453   |
| LUNG, SHIRING & ASSOCIATES, LLC   | 27-3147701 | 0.98   | 735857   |
| MARBAN & ASSOCIATES, INC          | 26-3916570 | 0.68   | 2074552  |
| MARGUERITA M. CHENG               | 80-0603802 | 0.00   | 10671  |

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|-----------------------------------|------------|--|--|
| MATTHEW D ORMAN                   | 75-3215940 | 0.16   | 79779  |
| MBS MANAGEMENT, LLC               | 45-2535863 | 0.51   | 627252   |
| METZLER MANAGEMENT COMPANY, LLC   | 45-2420882 | 0.44   | 656693   |
| MICHAEL MATUS                     | 57-1129391 | 0.00   | 1036   |
| MICHAEL T. BREZOVEC               | 47-4166905 | 0.43   | 757691   |
| MMM CONSULTING GROUP, LLC         | 27-4435149 | 0.00   | 0  |
| MMM CONSULTING GROUP, LLC         | 27-4435149 | 1.77   | 1368540  |
| MORTGAGE LENDING SOLUTIONS, INC.  | 25-1865445 | 0.64   | 1573699  |
| NINTH AVENUE, LLC                 | 83-2803044 | 1.99   | 1336435  |

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|-----------------------------------|------------|--|--|
| ONE TEN PARTNERS, LLC             | 84-3770031 | 0.00   | 19422  |
| ONE TEN PARTNERS, LLC             | 84-3770031 | 1.24   | 616857   |
| ORION MOULTON, LLC                | 47-2559002 | 0.84   | 569991   |
| OUTLIER OPERATIONAL SERVICES, LLC | 99-1519164 | 1.04   | 14464  |
| PLNR GROUP, LLC                   | 27-1560993 | 1.41   | 938599   |
| PRO STANDARD PRIVATE WEALTH, LLC  | 86-3887472 | 0.00   | 0  |
| PRO STANDARD PRIVATE WEALTH, LLC  | 86-3887472 | 0.09   | 20259  |
| PROFESSIONAL MANAGEMENT GROUP     | 39-2069558 | 0.07   | 113409   |
| PROVENZANO GROUP                  | 45-2477749 | 0.49   | 6921   |

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|---|------------|--|--|
| R & D HOLDINGS, LLC                       | 85-3509796 | 1.20   | 1846249  |
| R.O. MILLS MANAGEMENT LLC                 | 38-3807901 | 0.46   | 246494   |
| R7 WEALTH MANAGEMENT LLC                  | 81-2441170 | 0.35   | 501914   |
| RANDAL J FARABAUGH                        | 47-3379118 | 0.77   | 636126   |
| REDEFINED HORIZONS, INC.                  | 93-2258206 | 0.05   | 262271   |
| S.E. WATER TOWER OPERATIONAL SUPPORT, LLC | 99-0520919 | 1.11   | 69595  |
| SANLEO GROUP, INC.                        | 86-1544517 | 0.69   | 944777   |
| SAVOR, INC                                | 88-0702607 | 1.45   | 363943   |
| SECOND BASE ADVISORS, LLC                 | 27-4182150 | 0.07   | 33390  |

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|-----------------------------------|------------|--|--|
| SHIVA P. BHASHYAM                 | 83-1169635 | 0.00   | 0  |
| SHIVA P. BHASHYAM                 | 83-1169635 | 0.65   | 525191   |
| SKYLER TEBO                       | 93-2139906 | 0.92   | 110133   |
| SOMMERVILLE PARTNERS, LLC         | 20-8021753 | 7.33   | 103825   |
| SOUTHAMPTON BUSINESS GROUP, LLC   | 27-3062725 | 0.00   | 14671  |
| SOUTHAMPTON BUSINESS GROUP, LLC   | 27-3062725 | 1.12   | 543797   |
| SPOKEN DESTINY, LLC               | 88-2882931 | 0.10   | 9289   |
| STANLEY C. LEONG                  | 20-8496160 | 0.87   | 655011   |
| STEVEN T MARSHALL                 | 26-1688095 | 0.68   | 247993   |

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|--------------------------------------|------------|--|--|
| THE DEHONEY GROUP, INC.              | 47-1649366 | 0.77   | 629009   |
| THE OBRIEN GROUP                     | 06-1496173 | 0.17   | 141709   |
| THOMAS P SHORTREED & ASSOCIATES, LLC | 45-1284695 | 1.76   | 1276815  |
| TMG-QG, LLC                          | 47-5000764 | 1.35   | 917112   |
| TOURMALINE WEALTH ADVISORS, LLC      | 99-3293005 | 2.29   | 200998   |
| VAN TASSEL LLC                       | 87-3777641 | 0.38   | 118109   |
| VELOCITY CAPITAL MANAGEMENT, LLC     | 46-4156331 | 0.08   | 24280  |
| WAYPOINTE OPERATIONAL SERVICES LLC   | 82-3471249 | 0.78   | 532408   |
| WDA, INC.                            | 47-3818987 | 0.61   | 819453   |

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|-------------------------------------|------------|--|--|
| WEALTH INSIGHT GROUP, LLC           | 46-1610227 | 0.09   | 209012   |
| WILLIAMSON FINANCIAL PLANNING, INC. | 26-3773491 | 1.33   | 2176889  |
| 2a Name of Participating Employer   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
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| 2a Name of Participating Employer   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
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| 2a Name of Participating Employer   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Pooled Employer Plan Information</b> |
|-----------------|---|

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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)  
ACK ID \_\_\_\_\_

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**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS  
AND  
SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023  
WITH  
INDEPENDENT AUDITORS' REPORT

## EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN

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## INDEPENDENT AUDITORS' REPORT

To the Trustees of the  
EmployShare, Inc. 401(k) Profit Sharing Plan  
Beaver Falls, Pennsylvania

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

We have performed audits of the accompanying financial statements of EmployShare, Inc. 401(k) Profit Sharing 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of EmployShare, Inc. 401(k) Profit Sharing Plan 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 a certification from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note F 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 financial statements referred to above, 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 financial statements referred to above 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. 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 EmployShare, Inc. 401(k) Profit Sharing 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 EmployShare, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

**Auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 EmployShare, Inc. 401(k) Profit Sharing 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 EmployShare, Inc. 401(k) Profit Sharing 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.

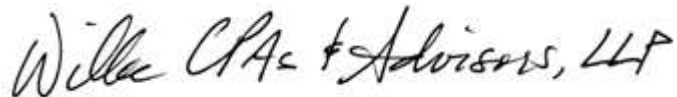
#### **Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule I – Schedule H, Line 4i, Schedule of Assets (Held at End Of Year) 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 generally accepted auditing standards. 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, is 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).

A handwritten signature in cursive script that reads "Wilke CPAs & Advisors, LLP".

Wilke CPAs & Advisors, LLP  
Pittsburgh, Pennsylvania

September 19, 2025

## FINANCIAL STATEMENTS

**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

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|                                    | 2024          | 2023          |
|------------------------------------|---------------|---------------|
| Assets                             |               |               |
| Investments, at contract value     | \$ 29,224,520 | \$ 1,735,519  |
| Investments, at fair value         | 28,490,265    | 57,730,746    |
| Investments, at net asset value    | 18,365,151    | -             |
|                                    | 76,079,936    | 59,466,265    |
| Receivables                        |               |               |
| Employer contribution receivable   | 1,391,964     | 27,697        |
| Employee contribution receivable   | 92,663        | 99,776        |
| Notes receivable from participants | 397,463       | 343,563       |
|                                    | 1,882,090     | 471,036       |
| Net Assets Available for Benefits  | \$ 77,962,026 | \$ 59,937,301 |

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See accompanying notes to the financial statements.

**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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| ADDITIONS TO NET ASSETS ATTRIBUTED TO:<br>INVESTMENT INCOME: | <u>2024</u>          | <u>2023</u>          |
|--|----------------------|----------------------|
| Net appreciation on investments                              | \$ 10,846,761        | \$ 9,429,490         |
| Earnings investments on insurance general account funds      | 58,151               | 34,331               |
| Interest income, notes receivable from participants          | <u>22,878</u>        | <u>27,762</u>        |
| TOTAL INVESTMENT INCOME                                      | <u>10,927,790</u>    | <u>9,491,583</u>     |
| CONTRIBUTIONS:   |                      |                      |
| Participant  | 5,970,478            | 5,396,378            |
| Employer   | 4,709,964            | 3,001,412            |
| Rollover   | <u>715,355</u>       | <u>161,588</u>       |
| TOTAL CONTRIBUTIONS  | <u>11,395,797</u>    | <u>8,559,378</u>     |
| TRANSFER OF ASSETS INTO THE PLAN                             | <u>-</u>             | <u>1,392,163</u>     |
| TOTAL ADDITIONS TO NET ASSETS                                | <u>22,323,587</u>    | <u>19,443,124</u>    |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:                    |                      |                      |
| Payment of benefits  | 4,269,505            | 3,973,300            |
| Administrative expenses                                      | <u>2,487</u>         | <u>1,358</u>         |
| TOTAL DEDUCTIONS   | <u>4,271,992</u>     | <u>3,974,658</u>     |
| TRANSFER OF ASSETS FROM THE PLAN                             | <u>26,870</u>        | <u>2,265,495</u>     |
| TOTAL DEDUCTIONS   | <u>4,298,862</u>     | <u>6,240,153</u>     |
| NET INCREASE   | <u>18,024,725</u>    | <u>13,202,971</u>    |
| NET ASSETS AVAILABLE FOR BENEFITS                            |                      |                      |
| BEGINNING OF PERIOD  | <u>59,937,301</u>    | <u>46,734,330</u>    |
| END OF PERIOD  | <u>\$ 77,962,026</u> | <u>\$ 59,937,301</u> |

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See accompanying notes to the financial statements.

**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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**NOTE A – DESCRIPTION OF PLAN**

The following description of the EmployShare, Inc. 401(k) Profit Sharing Plan, (hereinafter referred to as “the Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General:

The Plan is a multiple-employer defined contribution plan available to all employees of EmployShare, Inc. (the "Sponsoring Employer") which is an organization providing employment and administration services to a number of individuals and entities across the United States of America. Under the Plan, participating employers (the "Company") may adopt certain elections regarding their specific employment group as long as those elections meet the provisions of the Internal Revenue Code (IRC) and the Employer Retirement Income Security Act of 1974 (ERISA). Some of the elections available to participating employers are eligibility requirements, entry dates, and minimum number of hours worked in the Plan year. Participating employers may also elect to transfer assets from existing plans into the Plan. Participants should refer to the Plan document and their employer adoption agreement for a more complete description of the Plan's provisions.

Contributions:

Participants may contribute up to 100% of pretax annual eligible compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Plan allows participants to designate all or part of their contribution as Roth Contributions, and participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

Employer contributions are comprised of two components: a profit sharing contribution and an employer matching contribution. The profit-sharing contribution is made at the discretion of the participating employers.

Participating employers have several options if they elect to offer a matching provision. Included in those options are provisions ("Safe Harbor Methods") which satisfy certain Internal Revenue Code requirements and eliminate the need for the performance of certain non-discrimination annual tests. All matching or profit sharing contributions are invested at the participant's discretion.

**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts:

Each participant's account is credited with his or her respective salary reduction amount and an allocation of (1) the employer's contribution and (2) Plan earnings. Allocations of Plan earnings, including net appreciation or depreciation in fair value of investments, are allocated to each participant's account based on participant earnings or account balances, as defined. Participant's accounts may be withdrawn upon separation from the Company, death, disability, or retirement (regular age 65).

A Participant may request a loan or apply for hardship withdrawals at any time, in accordance with the provisions of the Plan.

Investment Options:

Each participant directs the manner in which contributions are to be allocated among the investment options available under the Plan.

Vesting:

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested either a) immediately, b) 100% cliff after three years, or c) 20% per year graded vesting over six years, dependent on election of the Company in the Adoption Agreement.

Participant Notes Receivable (Participant Loans):

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 (reduced by the amount of the highest outstanding loan balance under the Plan during the previous one-year period) or one-half of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate equal to the prime rate as published in The Wall Street Journal plus one percentage point. The interest rates on the outstanding loans range from 4.25% - 9.50%. Loans must be fully repaid within five years unless the loan is used for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. All notes are deemed collectible.

Payment of Benefits:

On termination of service due to death, disability, retirement, or other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. Once a participant reaches age 70.5 and separates from service, a portion of their account balance must be transferred out of the Plan annually. If the participant is a five percent owner of the Company, payments must begin even if the participant is still employed.

**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Forfeited Accounts:

Each Company has a forfeiture account if its particular option specifies a vesting schedule or if non-discrimination testing results in forfeitures for corrections. Forfeited balances are used to offset the Plan's administrative expenses or the Company's employer contributions. Forfeitures amounted to \$15,174 and \$0 at December 31, 2024 and 2023, respectively.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies, which conform to generally accepted accounting principles, have been used consistently in the preparation of the Plan's financial statements.

Basis of Accounting:

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefit and change therein. Actual results could differ from these estimates.

Investment Valuation and Income Recognition:

Investment Valuation and Income Recognition — The Plan's investments in pooled separate accounts are stated at fair value. The Plan's investment in the guaranteed investment contract is stated at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits:

Benefits are recorded when paid.

Administrative Expenses:

All expenses of maintaining the Plan are paid by the Plan Sponsor and the Plan. Expenses paid by the Plan Sponsor are excluded from these financial statements.

Transfers:

As a defined contribution multiple employer plan, the Plan has transfers in and transfers out regularly as participating employers join and leave the Plan.

**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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**NOTE C – PLAN TERMINATION**

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

**NOTE D – RISKS AND UNCERTAINTIES**

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

**NOTE E – CERTIFIED INVESTMENTS**

Certified information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, interest and dividends for the year ended December 31, 2024 and 2023 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Empower Trust Company, LLC and Mutual of America Life Insurance Company as of December 31, 2024 and 2023, respectively.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

**NOTE F – TAX STATUS**

The Internal Revenue Service has determined and informed Mutual of America Financial Group by letter dated November 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

On April 7, 2021, the Internal Revenue Service determined and informed Empower Retirement LLC that the volume submitter profit sharing plan adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code (IRC).

The Plan has not received a determination letter specific to the Plan itself, however, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and believe that the Plan is qualified and the related trust is tax-exempt. No provision for income taxes has been included in the Plan's financial statements.

**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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**NOTE F – TAX STATUS (CONTINUED)**

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

**NOTE G – RELATED PARTY TRANSACTIONS**

Empower Trust Company, LLC and Mutual of America Life Insurance Company provide third-party administrator, recordkeeping, and custodial services to the Plan including maintaining participant accounts, preparing tax filings, and issuing statements. Transactions with Empower Trust Company, LLC and Mutual of America Life Insurance Company regarding these services qualify as exempt party-in-interest transactions. For the years ended December 31, 2024 and 2023, fees paid by the Plan for the investment management services amount to \$2,487 and \$1,358, respectively.

**NOTE H – FAIR VALUE MEASUREMENTS**

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

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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NOTE H – FAIR VALUE MEASUREMENTS (CONTINUED)

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

At December 31, 2024, the Plan held the following assets with fair value measurements:

|                             | Level 1              | Level 2              | Level 3     | Totals               |
|-----------------------------|----------------------|----------------------|-------------|----------------------|
| Mutual Funds                | \$ 28,475,091        | \$ -                 | \$ -        | \$ 28,475,091        |
| Non-interest bearing cash   | 15,174               | -                    | -           | 15,174               |
| Fixed Annuity Contracts     | -                    | 2,080,731            | -           | 2,080,731            |
| Variable Annuity Contracts  | -                    | 27,143,789           | -           | 27,143,789           |
| Total assets, at fair value | <u>\$ 28,490,265</u> | <u>\$ 29,224,520</u> | <u>\$ -</u> | <u>\$ 57,714,785</u> |

At December 31, 2024, the Plan held Common Collective Trust Funds of \$18,365,151 that were not subject to fair value measurement reporting under FASB ASC 820-10-50-2. The Common Collective Trust Funds are measured at the net asset value per share practical expedient for fair value measurement.

At December 31, 2024, the notes receivable from participants of \$397,463 were held by the Plan and were not subject to fair value measurement reporting under FASB ASC 820-10-50-2. Notes receivable from participants are measured at cost which is an approximation of fair value.

At December 31, 2023, the following is a description of the valuation methodologies used for assets measured at fair value.

Pooled Separate Accounts: Valued at the net asset value (NAV) of units as determined by the insurance company. NAV is a readily determinable fair value and is the basis for current transactions.

At December 31, 2023, the Plan held the following assets with fair value measurements:

|                             | Level 1              | Level 2     | Level 3     | Totals               |
|-----------------------------|----------------------|-------------|-------------|----------------------|
| Pooled Separate Accounts    | \$ 57,730,746        | \$ -        | \$ -        | \$ 57,730,746        |
| Annuity contracts           | 1,735,519            | -           | -           | 1,735,519            |
| Total assets, at fair value | <u>\$ 59,466,265</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 59,466,265</u> |

At December 31, 2023, the notes receivable from participants of \$343,563 were held by the Plan and were not subject to fair value measurement reporting under FASB ASC 820-10-50-2. Notes receivable from participants are measured at cost and which is an approximation of fair value.

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**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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NOTE H – FAIR VALUE MEASUREMENTS (CONTINUED)

Below is a reconciliation of the opening and closing balances of the annuity contracts in the general account for the years ended December 31:

|                                     | <u>2024</u>         | <u>2023</u>         |
|-------------------------------------|---------------------|---------------------|
| General account - beginning balance | \$ 1,735,519        | \$ 1,829,506        |
| Contributions                       | 3,548,717           | 355,625             |
| Transfers in                        | 4,773,861           | 204,834             |
| Dividends                           | -                   | 34,331              |
| Interest                            | 58,156              | -                   |
| Forfeiture re-allocation            | 24,501              | -                   |
| Administration fees                 | (129)               | (105)               |
| Loans                               | -                   | (38,785)            |
| Transfers out                       | (7,550,168)         | (175,791)           |
| Disbursements                       | (509,726)           | (474,096)           |
| General account - ending balance    | <u>\$ 2,080,731</u> | <u>\$ 1,735,519</u> |

NOTE I — CONTRACT WITH INSURANCE COMPANY

The Plan entered into traditional fully benefit-responsive guaranteed investment contracts with Empower Trust Company, LLC and Mutual of America Life Insurance Company that maintain the contributions in a general account for the years ended December 31, 2024 and 2023, respectively. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower Trust Company, LLC and Mutual of America Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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NOTE I — CONTRACT WITH INSURANCE COMPANY (CONTINUED)

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

As of December 31, 2024 and 2023, the contract value of the investment account was \$2,080,731 and \$1,735,519, respectively.

NOTE J – TRANSFER OF ASSETS

During 2024, there were no adopting employers that transferred their previous plan's assets into the Plan.

During 2024, one adopting employer terminated their participation in the Plan and transferred all assets to other plans. Transfers of assets out of the Plan for the year ended December 31, 2024 totaled \$26,870.

During 2023, one adopting employer transferred their previous plan's assets into the Plan. Transfers of assets into the Plan for the year ended December 31, 2023 totaled \$1,392,163.

During 2023, three adopting employers terminated their participation in the Plan and transferred all assets to other plans. Transfers of assets out of the Plan for the year ended December 31, 2023 totaled \$2,265,495.

**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

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NOTE K — SUBSEQUENT EVENTS

The trustees and management of the Plan have evaluated subsequent events and determined there are no subsequent events necessary for disclosure as of the date of the independent auditors' report.

SUPPLEMENTARY INFORMATION

**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**SCHEDULE I – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EIN: 20-8531019 PLAN NUMBER: 001**  
**DECEMBER 31, 2024**

| (a) | (b) - Identity of Issue                    | (c) - Investment Type                     | (d) - Cost  | (e) - Current Value  |
|-----|--|---|-------------|----------------------|
|     | Large Cap Growth/JP Morgan Investment Mgmt | Variable Annuity Contract                 | \$ -        | \$ 15,619,213        |
|     | Capital Group Europacific Growth SA        | Variable Annuity Contract                 | -           | 4,499,192            |
|     | SA/Janus Balances Strategy                 | Variable Annuity Contract                 | -           | 3,185,370            |
|     | Columbia Dividend Value                    | Variable Annuity Contract                 | -           | 2,139,224            |
|     | American Century Mid Cap Val               | Variable Annuity Contract                 | -           | 1,512,822            |
|     | Core Plus Bond/PGIM Fund                   | Variable Annuity Contract                 | -           | 187,968              |
|     | Fidelity 500 Index                         | Mutual Funds                              | -           | 9,452,829            |
|     | Fidelity Mid Cap Index                     | Mutual Funds                              | -           | 4,683,581            |
|     | DFA US Small Cap Growth Instl              | Mutual Funds                              | -           | 2,537,902            |
|     | Fidelity US Bond Index                     | Mutual Funds                              | -           | 2,377,255            |
|     | Fidelity International Index               | Mutual Funds                              | -           | 1,962,521            |
|     | Fidelity Small Cap index                   | Mutual Funds                              | -           | 1,697,782            |
|     | PIMCO Real Return Instl                    | Mutual Funds                              | -           | 1,159,082            |
|     | MFS Massachusetts Investors GRSTK R6       | Mutual Funds                              | -           | 1,075,277            |
|     | JPMorgan Mid Cap Growth R6                 | Mutual Funds                              | -           | 976,939              |
|     | DFA Global Real Estate Securities          | Mutual Funds                              | -           | 936,310              |
|     | Columbia Seligman Tech & Info Inst3        | Mutual Funds                              | -           | 587,370              |
|     | Neuberger Berman Strategic Income R6       | Mutual Funds                              | -           | 339,468              |
|     | First Eagle Global R6                      | Mutual Funds                              | -           | 305,131              |
|     | PGIM Jennison Global Opps R6               | Mutual Funds                              | -           | 189,659              |
|     | Baron Partners R6                          | Mutual Funds                              | -           | 188,363              |
|     | Principal Spectrum Prefer Cap Sec Inc R6   | Mutual Funds                              | -           | 5,523                |
|     | Fidelity International Bond Index          | Mutual Funds                              | -           | 99                   |
|     | T Rowe Price Ret Blend Select Trst 2040    | Common Collective Trusts                  | -           | 3,770,942            |
|     | Large Cap Value Fund Class R1              | Common Collective Trusts                  | -           | 2,746,826            |
|     | T Rowe Price Ret Blend Select Trst 2045    | Common Collective Trusts                  | -           | 2,405,339            |
|     | T Rowe Price Ret Blend Select Trst 2030    | Common Collective Trusts                  | -           | 2,152,311            |
|     | First Eagle Small Cap Opportunity CL3      | Common Collective Trusts                  | -           | 1,923,241            |
|     | T Rowe Price Ret Blend Select Trst 2060    | Common Collective Trusts                  | -           | 1,393,644            |
|     | T Rowe Price Ret Blend Select Trst 2025    | Common Collective Trusts                  | -           | 1,301,563            |
|     | T Rowe Price Ret Blend Select Trst 2050    | Common Collective Trusts                  | -           | 1,081,676            |
|     | T Rowe Price Ret Blend Select Trst 2035    | Common Collective Trusts                  | -           | 712,676              |
|     | T Rowe Price Ret Blend Select Trst 2055    | Common Collective Trusts                  | -           | 532,067              |
|     | T Rowe Price Ret Blend Select Trst 2020    | Common Collective Trusts                  | -           | 246,215              |
|     | T Rowe Price Ret Blend Select Trst 2065    | Common Collective Trusts                  | -           | 52,390               |
|     | T Rowe Price Ret Blend Select Trst 2010    | Common Collective Trusts                  | -           | 26,608               |
|     | T Rowe Price Ret Blend Select Trst 2015    | Common Collective Trusts                  | -           | 19,653               |
|     | E I Fixed Account                          | General Insurance Company Accounts        | -           | 2,080,731            |
|     | Forfeitures Holding Account                | Non-Interest Bearing Cash Account         | -           | 15,174               |
|     | Participant Notes Receivable               | Notes Receivable (interest 4.25% - 9.50%) | -           | 397,463              |
|     |  |   | <u>\$ -</u> | <u>\$ 76,477,399</u> |
| *   | Party-in-interest                          |   |             |                      |

See independent auditors' report.

**EMPLOYSHARE, INC. 401(k) PROFIT SHARING PLAN**  
**SCHEDULE I – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EIN: 20-8531019 PLAN NUMBER: 001**  
**DECEMBER 31, 2024**

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|     | Core Plus Bond/PGIM Fund                   | Variable Annuity Contract                 | -           | 187,968              |
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|     | Fidelity US Bond Index                     | Mutual Funds                              | -           | 2,377,255            |
|     | Fidelity International Index               | Mutual Funds                              | -           | 1,962,521            |
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|     | Neuberger Berman Strategic Income R6       | Mutual Funds                              | -           | 339,468              |
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|     |  |   | <u>\$ -</u> | <u>\$ 76,477,399</u> |
| *   | Party-in-interest                          |   |             |                      |

See independent auditors' report.