

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	---	--

**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  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:  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

<p><b>1a</b> Name of plan <u>HARTE HANKS, INC. PENSION PLAN II</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HARTE HANKS, INC.</u></p> <p><u>1 EXECUTIVE DRIVE, SUITE 303</u> <u>CHELMSFORD, MA 01824</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2021</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>74-1677284</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>512-434-1100</u></p> <p><b>2d</b> Business code (see instructions) <u>541800</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/06/2025	DAVID GARRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<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: <b>a</b> Sponsor's name <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>	492
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <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>	7
	<b>6a(2)</b>	7
	<b>6b</b>	121
	<b>6c</b>	333
	<b>6d</b>	461
	<b>6e</b>	31
	<b>6f</b>	492
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<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:  
1I 3H

**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 type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

---

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

---

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

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

---

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

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

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

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>HARTE HANKS, INC. PENSION PLAN II</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HARTE HANKS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>74-1677284</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>27857153</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>26348103</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>115</u>	<u>18605494</u>
	<b>b</b> For terminated vested participants .....	<u>370</u>	<u>18403797</u>
	<b>c</b> For active participants .....	<u>7</u>	<u>589874</u>
	<b>d</b> Total .....	<u>492</u>	<u>37599165</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input checked="" type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	<u>37427947</u>
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	<u>38284039</u>
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.08 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>580000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>580000</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>			
	Signature of actuary	<u>09/08/2025</u>	Date
	<u>CARL GILLETTE</u>	<u>23-07739</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>281-882-1000</u>	Telephone number (including area code)
	<u>MSC# 17866 P.O. BOX 803507 DALLAS, TX 75380</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>17.01</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		4271
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> % .....		223
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		4494
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	70.39 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	70.39 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	70.63 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/11/2024	420000	0					
07/11/2024	420000	0					
10/11/2024	360000	0					
01/13/2025	400000	0					
08/15/2025	240000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1840000	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	1771479

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	580000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	11251062	1189072	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	1769072	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	1769072	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	1771479	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	2407	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 <b>HARTE HANKS, INC. PENSION PLAN II</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HARTE HANKS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>74-1677284</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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 50	CONSULTANT	105022	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF AMERICA MERRILL LYNCH

56-0906609

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 62 71	INV ADVISOR	87040	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)

LOOMIS SAYLES

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	INV MGMT	12692	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MFS INVESTMENT

04-6551722

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	INV MGMT	12137	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLSPRING MID CAP VALUE

94-3382001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	INV MGMT	8364	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKROCK MCG

32-0174431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	INV MGMT	7671	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

**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 H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 <b>HARTE HANKS, INC. PENSION PLAN II</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HARTE HANKS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>74-1677284</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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	740000	640000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	39002	42182
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1094239	1203850
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1125159	1043533
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	486676	579439
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	411509	463215
<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>	16267094	18112338
<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>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<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>	1768417	1832612
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	5939501	6841909

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
<b>e</b>	Buildings and other property used in plan operation.....	1e	
<b>f</b>	Total assets (add all amounts in lines 1a through 1e).....	1f	27871597 30759078
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable.....	1g	
<b>h</b>	Operating payables.....	1h	
<b>i</b>	Acquisition indebtedness.....	1i	
<b>j</b>	Other liabilities.....	1j	
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j).....	1k	0 0
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f).....	1l	27871597 30759078

**Part II Income and Expense Statement**

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

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1840000
	(B) Participants.....	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)	1840000
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	68411
	(B) U.S. Government securities.....	2b(1)(B)	40514
	(C) Corporate debt instruments.....	2b(1)(C)	40580
	(D) Loans (other than to participants).....	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	149505
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	383537
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	80236
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	463773
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	14923388
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	14698651
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	224737
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	2890385
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	2890385

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-35805
<b>c</b> Other income .....	<b>2c</b>		18112
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5550707

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2038489	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2038489
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	48809	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	129255	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	3221	
(7) Actuarial fees .....	<b>2i(7)</b>	56213	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	387239	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		624737
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2663226

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2887481
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **AAFCPAS, INC.**

(2) EIN: **04-2571780**

**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.)			
<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)

**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 550708.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 <u>HARTE HANKS, INC. PENSION PLAN II</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HARTE HANKS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>74-1677284</u>	

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

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

<b>1</b> 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): 94-1687665

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
--	---	---

<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) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<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).....	6c	

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

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<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 \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.



**HARTE HANKS, INC. PENSION PLAN II**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

## HARTE HANKS, INC. PENSION PLAN II

Contents  
December 31, 2024 and 2023

---

	<u>Pages</u>
<b>Independent Auditor's Report</b> .....	1 - 1B
<b>Financial Statements:</b>	
Statements of Net Assets Available for Benefits .....	2
Statements of Changes in Net Assets Available for Benefits .....	3
Notes to Financial Statements .....	4 - 10
<b>Supplemental Schedules:</b>	
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year .....	11 - 16
Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions .....	17

## Independent Auditor's Report

To the Plan Administrator of  
Harte Hanks, Inc. Pension Plan II:

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

We have performed audits of the financial statements of Harte Hanks, Inc. Pension Plan II, 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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

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

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

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Harte Hanks, Inc. Pension Plan II 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 Harte Hanks, Inc. Pension Plan II'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.

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Harte Hanks, Inc. Pension Plan II'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 Harte Hanks, Inc. Pension Plan II'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 certifications, 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.

***Auditor's Responsibilities for the Audit of the Financial Statements*** (Continued)

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

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

***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024, and Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

*AAFCPA, Inc.*

Westborough, Massachusetts  
September 30, 2025

## HARTE HANKS, INC. PENSION PLAN II

Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023

---

<b>Assets</b>	<b>2024</b>	<b>2023</b>
Investments, at fair value	<u>\$ 30,076,896</u>	<u>\$ 27,092,595</u>
Receivables:		
Employer contributions receivable	640,000	740,000
Interest and dividends receivable	<u>42,182</u>	<u>39,002</u>
Total receivables	<u>682,182</u>	<u>779,002</u>
<b>Net Assets Available for Benefits</b>	<u><u>\$ 30,759,078</u></u>	<u><u>\$ 27,871,597</u></u>

## HARTE HANKS, INC. PENSION PLAN II

Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2024 and 2023

---

	<u>2024</u>	<u>2023</u>
<b>Additions to Net Assets Attributed to:</b>		
Investment income:		
Net appreciation of investments	\$ 3,079,317	\$ 3,441,886
Interest and dividends	631,390	578,207
	<u>3,710,707</u>	<u>4,020,093</u>
Total investment income		
Employer contributions	1,840,000	1,745,000
	<u>5,550,707</u>	<u>5,765,093</u>
Total additions		
<b>Deductions from Net Assets Attributed to:</b>		
Benefits paid to participants	2,038,489	1,803,491
Pension Benefit Guaranty Corporation premiums	387,204	370,260
Administrative expenses	237,533	188,192
	<u>2,663,226</u>	<u>2,361,943</u>
Total deductions		
Net increase	2,887,481	3,403,150
<b>Net Assets Available for Benefits:</b>		
Beginning of year	<u>27,871,597</u>	<u>24,468,447</u>
End of year	<u>\$ 30,759,078</u>	<u>\$ 27,871,597</u>

## HARTE HANKS, INC. PENSION PLAN II

Notes to Financial Statements  
December 31, 2024 and 2023

---

### 1. DESCRIPTION OF PLAN

The following description of Harte Hanks, Inc. Pension Plan II (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

#### a. General

The Plan is a frozen defined benefit retirement plan which covers eligible employees of Harte Hanks, Inc. and certain affiliates (the Plan Sponsor) (the Company) who were former participants in the Harte Hanks, Inc. Pension Plan I as of December 31, 1998, and provided 100% vesting in the frozen accrued benefits of such participants. Benefit accruals ceased for participants as of December 31, 1998. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor acts as Plan Administrator for the Plan.

#### b. Funding Policy

The Plan's funding policy is for the Company to contribute to the Plan amounts which will meet or exceed the annual ERISA minimum funding requirements as determined by the Plan's independent actuary. The Company made contributions totaling \$1,840,000 and \$1,745,000 for the years ended December 31, 2024 and 2023, respectively. Receivables of \$640,000 and \$740,000 existed at December 31, 2024 and 2023, respectively, due to the minimum required contribution exceeding the prefunding balance. No voluntary participant contributions are permitted. The ERISA actuarially computed minimum required contributions were met for the years ended December 31, 2024 and 2023.

#### c. Retirement Benefits

The Plan provides for a normal retirement benefit to be paid to participants on the first day of the first month following the attainment of the age of 65. The Plan provides an early retirement benefit to be paid once the participant has attained the age of 55. The monthly pension benefit payable to participants is based on years of credited service and average monthly compensation, as contained in the plan document.

The normal forms of benefit payments are a life annuity or, if married, a joint and 50% survivor annuity. However, a participant has the option of electing actuarially equivalent benefits paid under annuity payments. The options available, subject to certain limitations, include single-life annuity and joint annuitant options.

#### d. Death and Disability Benefits

Upon the death of a vested participant who is married, the surviving spouse is eligible to receive a death benefit in the form of a survivor annuity.

A participant who retires because of disability is entitled to a disability benefit commencing on their normal retirement date or earlier, if elected. The benefit is determined as if the participant had been employed through the normal retirement age and using the participant's eligible compensation as of the date of termination of service occurs.

## HARTE HANKS, INC. PENSION PLAN II

Notes to Financial Statements  
December 31, 2024 and 2023

---

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Basis of Presentation**

The Plan prepares its financial statements in accordance with generally accepted accounting principles in the United States of America (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

#### **Use of Estimates**

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities and the actuary present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

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

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the qualified institution. See Note 5 for disclosure of fair value measurement.

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

#### **Contributions**

The Company's policy is to make contributions to the Plan each year at least equal to the minimum funding requirements of ERISA.

#### **Benefit Payments**

Benefits are recorded when paid.

#### **Administrative Expenses**

Certain administrative expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. All expenses associated with the investment advisory, actuarial, Pension Benefit Guarantee Corporation (PBGC), and benefit payment processing of the Plan are paid by the Plan and included in administrative expenses in the accompanying statements of changes in net assets available for benefits. During 2024 and 2023, the Plan paid PBGC premiums of \$387,204 and \$370,260, respectively.

#### **Subsequent Events**

Subsequent events have been evaluated through September 30, 2025, which is the date the financial statements were available to be issued. There were no events that met the criteria for recognition or disclosure in the financial statements.

## HARTE HANKS, INC. PENSION PLAN II

Notes to Financial Statements  
December 31, 2024 and 2023

---

### 3. INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S QUALIFIED INSTITUTION

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Bank of America, N.A., a qualified institution, has certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, and the supplemental schedules, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024, and Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, and the related investment transactions and investment income reported in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to certified investment information, except for comparing such certified investment information included in the accompanying financial statements and supplemental schedules.

### 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS

Accumulated benefits are those future periodic payments under the Plan's provisions, including lump-sum distributions, which are attributable to the service the participants have rendered. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on the employee's highest monthly average produced of five consecutive calendar years' compensation out of the last ten calendar years at the earlier of termination or Benefit Accrual Preservation Date (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated benefits is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for retirement, death, disability, or termination) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2024, it is management's opinion that there would be no material differences.

The significant actuarial assumptions used in the determination as of January 1, 2024, include:

Retirement age:	Graded rate with participants retiring from age 55 to 65
Rate of return:	6.95%
Mortality rate:	2024 generational non-annuitant mortality table for annuitants and per IRS Code Section 1.430(h)(3) – 1(b)
Actuarial cost method:	Standard unit credit cost method

## HARTE HANKS, INC. PENSION PLAN II

Notes to Financial Statements  
December 31, 2024 and 2023

---

### 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS (Continued)

The accumulated plan benefits are as follows:

	<u>January 1, 2024</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 16,209,241
Other participants	<u>15,267,064</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 31,476,305</u>

The changes in accumulated plan benefits are as follows:

	<u>January 1, 2024</u>
Actuarial present value of accumulated plan benefits, at beginning of year	<u>\$ 30,628,164</u>
Increase (decrease) during the year attributable to:	
Interest accumulation	2,096,795
Change in actuarial assumptions	282,721
Other changes	272,116
Benefits paid	<u>(1,803,491)</u>
Net change	<u>848,141</u>
Actuarial present value of accumulated plan benefits, at end of year	<u>\$ 31,476,305</u>

### 5. FAIR VALUE MEASUREMENT

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. *Fair Value Measurement* establishes a hierarchy of the valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (also referred to as observable inputs). The fair value hierarchy is as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

## HARTE HANKS, INC. PENSION PLAN II

Notes to Financial Statements  
December 31, 2024 and 2023

---

### 5. FAIR VALUE MEASUREMENT (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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in methodologies used to compute fair value, nor transfers between levels. Following is a description of the valuation methodologies used for assets measured at fair value:

*Common stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

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

*Exchange traded funds (ETFs):* Valued at the closing price reported on the active market on which the individual exchange traded funds are traded. The funds held by the Plan are deemed to be actively traded.

*Governmental and corporate bonds:* Valued based on pricing models, quoted prices of securities with similar characteristics or discounted cash flows.

*Real estate investment trusts:* Valued based on quoted prices in active markets. The funds held by the Plan are deemed to be actively traded.

*Treasury notes and bonds:* Valued based on quoted prices in active markets as received by the qualified institution. The funds held by the Plan are deemed to be actively traded.

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

The following tables set forth by level, within the fair value hierarchy, investments measured at fair value:

Description	2024			Total
	Level 1	Level 2	Level 3	
Common stocks	\$ 18,112,338	\$ -	\$ -	\$ 18,112,338
Mutual funds	6,434,021	-	-	6,434,021
Exchange traded funds	2,784,770	-	-	2,784,770
Governmental and corporate bonds	-	1,582,585	-	1,582,585
Real estate investment trusts	659,580	-	-	659,580
Treasury notes and bonds	<u>503,602</u>	<u>-</u>	<u>-</u>	<u>503,602</u>
Investments, at fair value	<u>\$ 28,494,311</u>	<u>\$ 1,582,585</u>	<u>\$ -</u>	<u>\$ 30,076,896</u>

## HARTE HANKS, INC. PENSION PLAN II

Notes to Financial Statements  
December 31, 2024 and 2023

---

### 5. FAIR VALUE MEASUREMENT (Continued)

Description	2023			Total
	Level 1	Level 2	Level 3	
Common stocks	\$ 16,267,094	\$ -	\$ -	\$ 16,267,094
Mutual funds	5,362,457	-	-	5,362,457
Exchange traded funds	2,999,857	-	-	2,999,857
Governmental and corporate bonds	-	1,385,501	-	1,385,501
Treasury notes and bonds	637,843	-	-	637,843
Real estate investment trusts	439,843	-	-	439,843
Investments, at fair value	<u>\$ 25,707,094</u>	<u>\$ 1,385,501</u>	<u>\$ -</u>	<u>\$ 27,092,595</u>

### 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Bank of America, N.A. provides custodial, investment advisory, and trustee services to the Plan. Aon provides actuarial services to the Plan. Accordingly, these transactions are considered party-in-interest transactions. During 2024 and 2023, the Plan paid the parties-in-interest administrative expenses in the amount of \$237,533 and \$188,192, respectively.

### 7. TAX STATUS

The Plan Sponsor has obtained its latest determination letter dated May 20, 2015, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is currently designed and being operated in accordance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

### 8. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Benefit accruals ceased for participants as of December 31, 1998.

## HARTE HANKS, INC. PENSION PLAN II

Notes to Financial Statements  
December 31, 2024 and 2023

---

### 8. PLAN TERMINATION (Continued)

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by the PBGC, a U.S. government agency, up to the applicable limitations.
4. All other vested benefits, that is, vested benefits not insured by PBGC.
5. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets available to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

### 9. RISKS AND UNCERTAINTIES

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

**HARTE HANKS, INC. PENSION PLAN II**  
**(PLAN NO. 002, FEDERAL I.D. #74-1677284)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	VANGUARD SMALL CAP	Mutual Fund	\$ 3,080,550	\$ 3,397,559
	PIMCO TOTAL RETURN PORTF FD INSTL CL	Mutual Fund	2,078,641	1,832,612
	VANGUARD FTSE EMERGING MARKETS ETF	Exchange Traded Fund	1,757,538	1,474,503
	VANGUARD SHORT TERM BOND	Exchange Traded Fund	1,357,747	1,310,267
**	BLF TREASURY TRUST	Mutual Fund	1,162,474	1,162,474
	NVIDIA	Common Stock	29,871	465,178
	TESLA INC	Common Stock	229,090	450,282
	META PLATFORMS INC	Common Stock	92,881	363,016
	BOEING COMPANY	Common Stock	334,529	319,662
	AMAZON COM INC	Common Stock	128,945	311,753
	ISHARES CHINA LARGE CAP	Real Estate Investment Trust	270,077	298,160
	NETFLIX COM INC	Common Stock	99,842	287,005
	VISA INC CL A SHRS	Common Stock	92,410	237,346
	ORACLE CORP \$0.01 DEL	Common Stock	82,284	231,963
	JPMORGAN CHASE & CO	Common Stock	104,013	206,870
	MICROSOFT CORP	Common Stock	62,849	205,692
	TAIWAN S MANUFACTURING ADR	Common Stock	98,381	202,230
	ALPHABET INC SHS CL A	Common Stock	50,951	187,786
	PROGRESSIVE CRP OHIO	Common Stock	79,857	184,500
	BROADCOM INC	Common Stock	63,783	172,953
	CIGNA CORP REG SHS	Common Stock	146,581	170,931
	MCKESSON CORPORATION COM	Common Stock	63,250	161,285
	SALESFORCE INC	Common Stock	80,765	154,460
	DEUTSCHE TELEKOM	Common Stock	98,631	153,172
	APPLOVIN CORP COM	Common Stock	82,187	147,019
	CHUBB LTD	Common Stock	102,919	146,715
	EXXON MOBIL CORP	Common Stock	151,283	143,606
	CONOCOPHILLIPS	Common Stock	100,163	136,260
**	AUTODESK INC DEL	Common Stock	74,454	136,258
	AON PLC REG SHS	Common Stock	74,891	132,530
	ALPHABET INC SHS CL C	Common Stock	37,171	131,594
	DISNEY (WALT) CO COM STK	Common Stock	140,903	131,282
	U.S. TREASURY BOND 3% May 15 2042	Treasury Bond	179,151	128,867
	ICICI BANK LTD SPD ADR	Common Stock	84,065	128,070
	MORGAN STANLEY	Common Stock	82,106	124,086
	ZURICH INSURANCE GRP	Common Stock	100,521	122,421
	DOMINION ENERGY INC	Common Stock	143,054	120,646
	ABBOTT LABS	Common Stock	112,136	119,557
	PACCAR INC	Common Stock	108,526	119,519
	SHOPIFY INC CL A	Common Stock	62,253	118,345
	AXON ENTERPRISE INC	Common Stock	44,028	117,675
	DUKE ENERGY CORP NEW	Common Stock	97,848	114,420
	ANALOG DEVICES INC COM	Common Stock	89,543	113,879
	VERTEX PHARMCTLS INC	Common Stock	63,775	111,145
	SOUTHERN COMPANY	Common Stock	80,100	110,556
	ACCENTURE PLC SHS	Common Stock	79,700	110,462
	MONSTER BEVERAGE SHS	Common Stock	73,363	108,536
	JOHNSON AND JOHNSON COM	Common Stock	110,859	107,308
	CBRE GROUP INC CL A	Common Stock	64,821	106,607
	PROLOGIS INC	Real Estate Investment Trust	118,610	106,017
	FEDERAL HOME LOAN MORTGAGE CORP 50%2054	Governmental and Corporate Bond	108,009	105,737
	GENL DYNAMICS CORP	Common Stock	89,126	103,288
	VERTIV HLDG CO	Common Stock	76,183	102,817
	UNION PACIFIC CORP	Common Stock	82,239	102,618
	FERRARI NV	Common Stock	81,616	100,945
	KKR & CO INC	Common Stock	44,578	100,579
	SUMITOMO MITSUI	Common Stock	59,038	100,221
	MACQUARIE GROUP LTD	Common Stock	104,499	99,221
	AMER EXPRESS COMPANY	Common Stock	54,845	99,128

**HARTE HANKS, INC. PENSION PLAN II**  
**(PLAN NO. 002, FEDERAL I.D. #74-1677284)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	RTX CORP CORP	Common Stock	70,694	98,825
	ABBVIE INC SHS	Common Stock	82,681	96,491
	COMPASS GROUP	Common Stock	63,577	96,349
	ARES MANAGEMENT CORP	Common Stock	44,185	96,304
	CONSTELLATION SOFTWARE INC	Common Stock	85,858	95,809
	ASML HLDG NV NY REG SHS	Common Stock	91,927	95,645
	PFIZER INC	Common Stock	143,414	94,447
	PEPSICO INC	Common Stock	95,570	94,429
	MARRIOTT INTL INC NEW A	Common Stock	57,484	93,724
	TOTALENERGIES SE	Common Stock	91,927	93,631
	MARSH & MCLENNAN COS INC	Common Stock	49,332	93,460
	AERCAP HOLDINGS N.V. SHS	Common Stock	47,697	90,341
	LOWE'S COMPANIES INC	Common Stock	64,708	89,095
	CANADIAN PACIFIC KANS CITY	Common Stock	92,885	88,075
	IBERDROLA SA, BILBAO	Common Stock	75,921	86,806
	JEFFERIES FINL GROUP INC REG	Common Stock	42,744	86,083
	ARCH CAPITAL GRP LTD BM	Common Stock	37,450	82,653
	U.S. TREASURY BOND 4.50% Feb 15 2036	Treasury Bond	110,088	81,882
	CITIGROUP INC COM NEW	Common Stock	58,063	81,160
	U.S. TREASURY NOTE 3.250% June 30 2027	Treasury Note	84,079	81,054
	ALLSTATE CORP DEL	Common Stock	50,401	80,201
	3I GROUP GBP PAR ORDINARY	Common Stock	50,981	79,942
	REPUBLIC SERVICES INC	Common Stock	44,570	79,868
	KEURIG DR PEPPER INC	Common Stock	81,961	78,726
	REGENERON PHARMACTCLS	Common Stock	55,046	78,356
	LIVE NATION ENT INC	Common Stock	56,385	78,089
	SONY GROUP 6758 JPY PAR ORDINARY	Common Stock	64,374	77,161
	ILLINOIS TOOL WORKS INC	Common Stock	54,014	77,082
	NASDAQ OMX GRP INC	Common Stock	40,401	76,846
	NOVO NORDISK A S ADR	Common Stock	41,205	76,644
	KEYENCE CORP	Common Stock	81,222	75,552
	EATON CORP PLC	Common Stock	23,376	75,334
	ALCON SA ACT NOM	Common Stock	69,654	75,212
	HERMES INTL SA	Common Stock	62,598	74,537
	UNICREDIT SPA EUR PAR ORDINARY	Common Stock	36,922	73,682
	KENVUE INC	Common Stock	79,593	73,658
	DIAGEO PLC SPSD ADR NEW	Common Stock	88,417	73,608
	SANOFI	Common Stock	78,320	72,898
	TRADEWEB MKTS INC CL A	Common Stock	43,352	72,792
	MONDELEZ INTERNATIONAL	Common Stock	85,821	72,273
	GRAPHIC PACKAGING HLDG C	Common Stock	68,561	72,273
	COMFORT SYSTEMS USA INC	Common Stock	56,388	71,666
	CADENCE DESIGN SYS INC	Common Stock	39,927	71,509
	U.S. TREASURY BOND 2.875% May 15 2049	Treasury Bond	85,669	70,958
	ASTRAZENECA PLC SPND ADR	Common Stock	68,875	70,565
	INTUITIVE SURGICAL INC NEW	Common Stock	28,250	70,465
	VULCAN MATERIALS CO	Common Stock	47,773	70,224
	STARBUCKS CORP	Common Stock	60,211	69,898
	WOLTERS KLUWER NV. 12EUR PAR ORDINARY	Common Stock	55,811	69,427
	SAP SE EUR PAR ORDINARY	Common Stock	50,732	69,218
	BROWN & BROWN INC FLA	Common Stock	33,841	69,068
	HSBC HOLDINGS PLC	Common Stock	51,253	68,167
	L3HARRIS TECHNOLOGIES INC	Common Stock	62,928	68,131
	MERCADOLIBRE INC	Common Stock	54,912	68,018
	SCHNEIDER ELECTRIC SE	Common Stock	58,872	67,851
	QUALCOMM INC	Common Stock	38,790	67,132
	AMN ELEC POWER CO	Common Stock	63,196	66,959
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 6% 2053	Governmental and Corporate Bond	64,197	66,645
	ISHARES MSCI INDIA INDEX FUND	Real Estate Investment Trust	66,235	66,642

**HARTE HANKS, INC. PENSION PLAN II**  
**(PLAN NO. 002, FEDERAL I.D. #74-1677284)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	NXP SEMICONDUCTORS N.V.	Common Stock	62,584	66,304
	HEICO CORP NEW COM	Common Stock	41,946	65,616
	TPG INC	Common Stock	46,050	65,228
	LIBERTY MEDIA CORP	Common Stock	42,496	64,955
	BARCLAYS ORD GBP 0.25	Common Stock	47,832	64,684
	NESTLE S A REP RG SH ADR	Common Stock	78,852	64,380
	DEXCOM INC	Common Stock	59,403	64,082
	LABCORP HOLDINGS INC	Common Stock	59,198	63,292
	ENTEGRIS INC MINNESOTA	Common Stock	68,222	63,002
	HOWMET AEROSPACE INC	Common Stock	41,127	62,560
	FLUTTER ENTERTAINMENT	Common Stock	59,994	62,544
	RECRUIT HOLDINGS CO.LTD. SHS 6098	Common Stock	26,589	61,177
	FIRSTENERGY CORP	Common Stock	61,578	61,062
	KLA CORP	Common Stock	32,832	60,492
	WHEATON PRECIOUS METALS CORP	Common Stock	56,112	58,658
	CARLISLE COS INC	Common Stock	30,257	57,908
	SAIA INC	Common Stock	51,696	57,878
	COSTAR GROUP INC	Common Stock	62,513	57,773
	CRH PLC	Common Stock	51,628	57,640
	JACOBS SOLUTIONS INC REG SHS	Common Stock	42,430	57,590
	SEI INVT CO PA PV 0.01	Common Stock	46,431	57,406
	REYNOLDS CONSUMER PRODUCTS INC	Common Stock	61,308	57,111
	FIFTH THIRD BANCORP	Common Stock	47,376	57,036
	TRADE (THE) DESK INC	Common Stock	54,922	57,002
	ASM INTERNATIONAL-NY REG	Common Stock	45,357	56,915
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 5% 2053	Governmental and Corporate Bond	53,951	56,664
	EURONET WORLDWIDE INC	Common Stock	60,652	56,459
	BXP INC	Real Estate Investment Trust	50,976	56,216
	CHARLES RIVER LABS INTL	Common Stock	65,816	55,749
	FACTSET RESH SYS INC	Common Stock	28,926	55,712
	L OREAL	Common Stock	73,190	55,576
	COPART INC	Common Stock	30,727	54,922
	THERMO FISHER SCIENTIFIC INC	Common Stock	57,140	54,624
	ANNALY CAPITAL MGMT INC REG	Real Estate Investment Trust	80,860	54,296
	CHURCH&DWIGHT CO INC	Common Stock	41,437	53,297
	U.S. TREASURY NOTE 1.625% MAY 15 2031	Treasury Note	53,654	53,149
	DRAFTKINGS INC	Common Stock	58,851	53,122
	TERADYNE INC	Common Stock	46,700	52,886
	SWEDBANK	Common Stock	44,131	52,455
	TARGET CORP COM	Common Stock	58,761	52,450
	LONZA GROUP AG 1	Common Stock	48,982	52,354
	WEST PHARMACTL SVCS INC	Common Stock	51,689	51,754
	SAFRAN SA	Common Stock	52,196	51,174
	RECKITT BENCKISER GROUP	Common Stock	53,160	51,147
	HALEON PLC	Common Stock	53,443	50,834
	SHELL PLC	Common Stock	46,971	50,607
	EXPEDITORS INTL WASH INC	Common Stock	36,964	50,511
	U.S. TREASURY NOTE 4.125% Oct 31 2026	Treasury Note	49,813	49,886
	BLOCK INC	Common Stock	60,361	49,634
	ALIGN TECH INC DEL COM	Common Stock	69,198	49,625
	NOVO NORDISK A/S BR AND/. 1 DKK PAR ORDINARY	Common Stock	53,331	49,492
	ALCON SA ACT NOM	Common Stock	48,808	49,390
	ZIMMER BIOMET HOLDI	Common Stock	58,717	47,851
	BAE SYSTEMS PLC GBP PAR	Common Stock	31,616	47,769
	TORONTO-DOMINION BANK	Governmental and Corporate Bond	48,685	47,697
	AIRBUS SE EUR PAR	Common Stock	36,022	46,960
	AIR LIQUIDE	Common Stock	42,398	46,472
	NOVARTIS ADR	Common Stock	38,289	46,125
	TOYOTA MOTOR CORP	Common Stock	44,236	45,831

**HARTE HANKS, INC. PENSION PLAN II**  
**(PLAN NO. 002, FEDERAL I.D. #74-1677284)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	LOEWS CORP	Common Stock	28,261	45,648
	AMERICAN WTR WKS CO INC NEW	Common Stock	54,699	45,563
	ILLUMINA INC	Common Stock	85,885	45,434
	GAMING AND LEISURE PROPERTIES INC.	Real Estate Investment Trust	42,050	45,126
	TRUIST FINANCIAL CORP SER MTN	Governmental and Corporate Bond	44,189	44,724
	CVS HEALTH CORP	Governmental and Corporate Bond	50,889	44,570
	HOME DEPOT INC	Governmental and Corporate Bond	51,343	44,513
	ASTERA LABS INC	Common Stock	33,718	44,503
	DUKE ENERGY CORP	Governmental and Corporate Bond	52,101	44,397
	FEDERAL HOME LOAN MORTGAGE CORP 50%2051	Governmental and Corporate Bond	56,849	44,260
	CATERPILLAR FINL SERVICE	Governmental and Corporate Bond	44,238	44,233
	COMCAST CORP COMPANY	Governmental and Corporate Bond	49,507	44,157
	AMERICAN TOWER CORP	Governmental and Corporate Bond	50,974	44,029
	SIEMENS AG GERM	Common Stock	31,022	43,936
	VERIZON COMMUNICATIONS	Governmental and Corporate Bond	50,734	43,920
	NEXTERA ENERGY CAPITAL COMPANY GUARNT GLB	Governmental and Corporate Bond	43,924	43,862
	AMDOCS LIMITED	Common Stock	39,968	43,847
	PAYPAL HOLDINGS INC SHS	Common Stock	53,183	43,785
	ALLIANZ SE EUR PAR COMPANY	Common Stock	43,872	43,771
	PLANET FITNESS INC CL A	Common Stock	34,258	43,404
	WALMART INC	Governmental and Corporate Bond	44,912	43,333
	JPMORGAN CHASE & CO	Governmental and Corporate Bond	49,360	43,239
	AMERICAN EXPRESS CO GLB	Governmental and Corporate Bond	42,422	42,520
	ADYEN N.V.	Common Stock	43,088	42,426
	ABBVIE INC	Governmental and Corporate Bond	49,525	42,344
	ORACLE CORP	Governmental and Corporate Bond	41,527	42,304
	NIKE INC	Common Stock	42,068	42,148
	YUM BRANDS INC	Common Stock	29,944	41,992
	PFIZER INVESTMENT ENTER COMPANY GUARNT GLB	Governmental and Corporate Bond	42,806	41,782
	UBER TECHNOLOGIES INC	Governmental and Corporate Bond	43,089	41,611
	FIMM TRSY ONLY PRT INSTL	Mutual Fund	41,376	41,376
	T-MOBILE USA INC COMPANY	Governmental and Corporate Bond	43,157	41,322
	WORKDAY INC CL A	Common Stock	26,081	41,027
	ON SEMICONDUCTOR CRP COM	Common Stock	43,937	40,730
	ROLLINS INC	Common Stock	30,354	40,278
	MANHATTAN ASSOCS INC	Common Stock	35,540	40,266
	CONFLUENT INC	Common Stock	41,555	40,206
	QUANTA SERVICES INC	Common Stock	42,228	40,138
	WEYERHAEUSER CO	Common Stock	43,457	39,945
	GATES INDL CORP PLC	Common Stock	29,988	39,556
	MASIMO CORP	Common Stock	31,025	39,507
	PT BANK CENT ASIA TBK 62.5 IDR PAR ORDINARY	Common Stock	37,712	39,233
	EOG RESOURCES INC	Common Stock	23,011	39,103
	MONGODB INC	Common Stock	54,320	37,482
	ROCHE HLDG LTD SPN ADR	Common Stock	41,315	36,310
	DUN AND BRADSTREET HLDGS INC	Common Stock	39,094	36,234
	STERIS PLC REG SHS	Common Stock	41,106	35,973
	REDDIT INC	Common Stock	27,969	35,630
	CHURCHILL DOWNS INC	Common Stock	36,013	35,522
	IVANHOE MINES	Common Stock	43,025	35,290
	FLOOR AND DECOR HLDGS INC	Common Stock	33,319	34,995
	PURE STORAGE INC	Common Stock	34,662	34,401
	KNIGHT-SWIFT TRANSPORTATION HOLD CL A	Common Stock	34,737	34,158
	FEDERAL HOME LOAN MORTGAGE CORP 50%2053	Governmental and Corporate Bond	34,466	33,790
	FREEMPORT-MCMORAN INC	Common Stock	29,866	33,701
	EQT CORP	Common Stock	26,754	33,568
	REGIONS FINL CORP	Common Stock	26,877	33,467
	CUBESMART COM	Real Estate Investment Trust	33,684	33,123
	INFORMATICA INC	Common Stock	32,805	33,009

**HARTE HANKS, INC. PENSION PLAN II**  
**(PLAN NO. 002, FEDERAL I.D. #74-1677284)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	BAKER HUGHES CO CL A	Common Stock	19,932	32,939
	TYLER TECHS INC	Common Stock	35,028	32,868
	AFFIRM HOLDINGS INC	Common Stock	36,461	32,764
	MICROSOFT CORP	Governmental and Corporate Bond	40,011	32,530
	ALIBABA GROUP HLDG LTD	Common Stock	64,025	31,966
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 4% 2049	Governmental and Corporate Bond	36,956	31,947
	RHEINMETALL	Common Stock	30,648	31,873
	VISTRA CORP	Common Stock	30,070	31,848
	ON HLDG AG NAMEN-AKT CL A	Common Stock	17,213	31,767
	U.S. TREASURY NOTE 4.000% June 30 2027	Treasury Note	32,171	31,593
	BENTLEY SYS INC	Common Stock	33,834	31,382
	COHERENT CORP	Common Stock	34,544	31,356
	CARVANA CO	Common Stock	29,624	31,317
	AT&T INC	Governmental and Corporate Bond	30,708	31,124
	YUM CHINA HOLDINGS INC SHS	Common Stock	36,219	31,118
	GLOBANT S A	Common Stock	29,709	31,091
	CLOUDFARE INC	Common Stock	32,298	30,689
	AZEK CO INC	Common Stock	26,835	30,666
	API GROUP CORP REG SHS	Common Stock	15,767	29,855
	APTIV HOLDINGS LTD	Common Stock	48,725	29,756
	FEDERAL HOME LOAN MORTGAGE CORP 50%2051	Governmental and Corporate Bond	36,911	29,083
	CREDO TECH GROUP HLDG LTD	Common Stock	19,664	28,497
	BE SEMICONDUCTOR NY	Common Stock	25,872	28,359
	FEDERAL HOME LOAN MORTGAGE CORP 3%2051	Governmental and Corporate Bond	34,764	28,181
	VULCAN MATERIALS CO	Common Stock	24,506	28,038
	VALERO ENERGY CORP NEW	Common Stock	16,443	26,234
	APTARGROUP INC	Common Stock	20,850	25,922
	RPM INTERNATIONAL	Common Stock	22,821	25,350
	NATERA INC	Common Stock	26,852	25,328
	HUMANA INC	Common Stock	34,766	25,117
	SHIN ETSU CHEMICAL 4063 JPY PAR ORDINARY	Common Stock	32,169	24,932
	SOUTHERN CO	Governmental and Corporate Bond	26,562	24,485
	DAIICHI SANKYO CO LTD	Common Stock	28,880	23,834
	DEERE CO	Common Stock	12,232	23,727
	BP CAPITAL MARKETS PLC COMPANY	Governmental and Corporate Bond	25,813	23,202
	MORGAN STANLEY	Governmental and Corporate Bond	26,634	23,101
	ICON PLC	Common Stock	21,967	21,810
	AAON INC	Common Stock	24,478	21,771
	ANHEUSER-BUSCH INBEV	Governmental and Corporate Bond	27,684	21,702
	HUNTSMAN CORP	Common Stock	32,200	21,690
	TARGA RESOURCES CORP COM STK	Common Stock	9,345	21,599
	CITIGROUP INC	Governmental and Corporate Bond	21,342	20,972
	VISA INC	Governmental and Corporate Bond	28,391	20,542
	GOLDMAN SACHS GROUP INC	Governmental and Corporate Bond	19,625	20,424
	CYBER-ARK SOFTWARE LTD	Common Stock	15,184	20,322
	WELLS FARGO & COMPANY	Governmental and Corporate Bond	19,385	20,196
	WINGSTOP INC	Common Stock	23,684	20,178
	SHELL INTERNATIONAL FIN COMPANY	Governmental and Corporate Bond	27,751	19,818
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 3% 2052	Governmental and Corporate Bond	22,813	19,225
	YUM CHINA HOLDINGS INC SHS	Common Stock	17,334	17,919
	IDEX CORP DELAWARE	Common Stock	18,126	17,790
	WESCO INTERNATIONAL INC	Common Stock	17,468	17,734
	FEDERAL HOME LOAN MORTGAGE CORP 04%2050	Governmental and Corporate Bond	19,850	17,461
	QIAGEN NV REG SHS	Common Stock	17,186	17,173
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 4% 2049	Governmental and Corporate Bond	19,895	17,085
	FOOT LOCKER INC N.Y. COM	Common Stock	24,630	16,995
	FTAI AVIATION LTD	Common Stock	16,754	16,853

**HARTE HANKS, INC. PENSION PLAN II**  
**(PLAN NO. 002, FEDERAL I.D. #74-1677284)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	REPLIGEN CORP COM	Common Stock	19,986	16,697
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 50% 2050	Governmental and Corporate Bond	19,276	16,344
	LANDBRIDGE CO LLC	Common Stock	14,511	16,085
	PTC INC	Common Stock	15,159	15,445
	AXIS CAPITAL HOLDINGS LTD	Common Stock	9,779	15,065
	ASHLAND INC INC SHS	Common Stock	16,828	14,578
	VERTEX INC	Common Stock	14,465	14,405
	RH	Common Stock	8,663	13,776
	GITLAB INC	Common Stock	14,605	13,749
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 50% 2051	Governmental and Corporate Bond	17,237	13,476
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 50% 2052	Governmental and Corporate Bond	15,375	12,811
	PVH CORP	Common Stock	11,900	12,056
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 50% 2050	Governmental and Corporate Bond	13,841	11,703
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 50% 2052	Governmental and Corporate Bond	13,479	11,591
	DONALDSON CO INC	Common Stock	9,629	10,843
	AMENTUM HOLDINGS INC	Common Stock	9,377	9,064
	TORO CO	Common Stock	7,263	7,129
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 3% 2052	Governmental and Corporate Bond	6,924	6,200
	U.S. TREASURY BOND 1.125% May 15 2040	Treasury Bond	8,569	6,014
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 50% 2052	Governmental and Corporate Bond	5,737	5,204
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 50% 2052	Governmental and Corporate Bond	4,712	4,191
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 50% 2052	Governmental and Corporate Bond	4,528	4,059
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 50% 2052	Governmental and Corporate Bond	3,109	3,047
	FEDERAL HOME LOAN MORTGAGE CORP 50%2051	Governmental and Corporate Bond	802	636
	FEDERAL HOME LOAN MORTGAGE CORP 3%2051	Governmental and Corporate Bond	730	592
	U.S. TREASURY NOTE 2.875% MAY 31 2025	Treasury Note	198	199
				<u>\$ 30,076,896</u>

\*\* Party-In-Interest.

**HARTE HANKS, INC. PENSION PLAN II**  
**(PLAN NO. 002, FEDERAL I.D. #74-1677284)**

Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions  
 For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
<b>Series of Transactions in Excess of Five Percent</b>								
Bank of America	BLF Treasury Trust	\$ 4,760,096	\$ -	\$ -	\$ -	\$ 4,760,096	\$ 4,760,096	\$ -
Bank of America	BLF Treasury Trust	\$ -	\$ 4,655,293	\$ -	\$ -	\$ 4,655,293	\$ 4,655,293	\$ -
Bank of America	Temporary Overnight Deposit	\$ 2,930,860	\$ -	\$ -	\$ -	\$ 2,930,860	\$ 2,930,860	\$ -
Bank of America	Temporary Overnight Deposit	\$ -	\$ 2,930,860	\$ -	\$ -	\$ 2,930,860	\$ 2,930,860	\$ -

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Schedule SB, line 26a – Schedule of Active Participant  
Data<sup>1</sup> as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59			1	1	1					
60-64				1	2					
65-69				1						
70+										

N-7

<sup>1</sup>Plan is hard frozen

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

### For ERISA Requirements

Interest Rates	Based on segment rates with a 4-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under the American Rescue Plan Act of 2021 (ARPA).
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Salary Increases	Not applicable.
Social Security Wage Base Increases	Not applicable.
Optional Payment Forms	100% are assumed to elect a single life annuity.
Retirement Age	
Active Participants	See Table A.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table B.
Disability Rates	See Table C.
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year.
Surviving Spouse Benefit	It is assumed that 100% of employees have an eligible spouse, and that there is no age difference between employees and the eligible spouse.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

**For ERISA Requirements**

Valuation of Plan Assets

Smoothed fair market value of assets over the twelve months prior to the valuation date, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

\$580,000.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2024.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Table A

**Retirement Rates**

Age	Rate
55	5%
56	2%
57	2%
58	2%
59	3%
60	3%
61	3%
62	20%
63	8%
64	8%
65	100%

Table B

**Withdrawal Rates**

Selected rates shown below:

Age	Males	Females
25	14.9%	22.4%
30	10.4%	14.9%
35	7.4%	10.4%
40	4.3%	7.4%
45	2.7%	4.3%
50	0.9%	2.7%
55	0.0%	0.9%
60 and over	0.0%	0.0%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Table C

**Disability Rates**

Selected rates shown below:

<b>Age</b>	<b>Rate</b>
25	0.03%
30	0.05%
35	0.08%
40	0.13%
45	0.21%
50	0.36%
55	0.68%
60	0.96%
65	1.23%

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 [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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 HARTE HANKS, INC. PENSION PLAN II
1b Three-digit plan number (PN) 002
1c Effective date of plan 01/01/2021
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) HARTE HANKS, INC. 1 EXECUTIVE DRIVE, SUITE 303 CHELMSFORD MA 01824
2b Employer Identification Number (EIN) 74-1677284
2c Plan Sponsor's telephone number 512-434-1100
2d Business code (see instructions) 541800

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, and Enter name of individual signing as plan administrator. Includes handwritten signature and date 10/6/25 for David Garrison.

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

<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: <b>a</b> Sponsor's name <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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">492</td> </tr> </table>	<b>5</b>	492																		
<b>5</b>	492																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. .... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines 6d and 6e. .... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">7</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">7</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: right;">121</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: right;">333</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: right;">461</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: right;">31</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: right;">492</td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6a(1)</b>	7	<b>6a(2)</b>	7	<b>6b</b>	121	<b>6c</b>	333	<b>6d</b>	461	<b>6e</b>	31	<b>6f</b>	492	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	0
<b>6a(1)</b>	7																				
<b>6a(2)</b>	7																				
<b>6b</b>	121																				
<b>6c</b>	333																				
<b>6d</b>	461																				
<b>6e</b>	31																				
<b>6f</b>	492																				
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>	0																				
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td style="text-align: right;">7</td> </tr> </table>	<b>7</b>	7																		
<b>7</b>	7																				

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1I 3H

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

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
---	---

---

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

---

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

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

---

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

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

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

---

<b>Plan Name</b>	<b>Harte Hanks, Inc. Pension Plan II</b>
<b>Plan Sponsor EIN</b>	<b>74-1677284</b>
<b>ERISA Plan No.</b>	<b>002</b>
<b>Plan Year End</b>	<b>12/31/2024</b>

**The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line Item</b>	<b>Description</b>
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Harte Hanks, Inc. Pension Plan II	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Harte Hanks, Inc.	<b>D</b> Employer Identification Number (EIN) 74-1677284	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	27,857,153	
<b>b</b> Actuarial value .....	<b>2b</b>	26,348,103	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	115	18,605,494	18,605,494
<b>b</b> For terminated vested participants .....	370	18,403,797	18,403,797
<b>c</b> For active participants .....	7	589,874	589,874
<b>d</b> Total .....	492	37,599,165	37,599,165
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input checked="" type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	37,427,947	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	38,284,039	
<b>5</b> Effective interest rate .....	<b>5</b>	5.08%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	580,000	
<b>c</b> Target normal cost .....	<b>6c</b>	580,000	

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	 CARL GILLETTE Signature of actuary	09/08/2025 Date
	CARL GILLETTE Type or print name of actuary	2307739 Most recent enrollment number
	AON CONSULTING, INC. Firm name	281-882-1000 Telephone number (including area code)
	MSC# 17866 P.O. Box 803507 Dallas TX 75380 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.** **Schedule SB (Form 5500) 2024 v. 240311**



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	-----------------------	---

**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 63

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	580,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	11,251,062	1,189,072
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	1,769,072
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	1,769,072
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	1,771,479

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	2,407
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

## Schedule SB, line 4 — Additional Information for Plans in At-Risk Status

The at-risk assumption for payment form was set on a participant-by-participant basis to the optional payment form that resulted in the highest present value. Actuarial equivalence for this purpose was based on an 8.00% interest rate and the UP-1984 mortality table.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 1/1/2024 at 5.08%</b>	<b>Interest Adjusted Contribution</b>
April 11, 2024	\$ 420,000	101	\$ 414,296
July 11, 2024	420,000	192	409,223
October 11, 2024	360,000	284	346,421
January 13, 2025	400,000	378	380,043
August 15, 2025	240,000	592	221,496
<b>Total Contribution</b>	<b>\$ 1,840,000</b>		<b>\$ 1,771,479</b>

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	2.00%	0.9500	1.06
57	2.00%	0.9310	1.06
58	2.00%	0.9124	1.06
59	3.00%	0.8941	1.58
60	3.00%	0.8673	1.56
61	3.00%	0.8413	1.54
62	20.00%	0.8161	10.12
63	8.00%	0.6528	3.29
64	8.00%	0.6006	3.08
65	100.00%	0.5526	35.92
Weighted Average			63.02

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Schedule SB, line 26a – Schedule of Active Participant  
Data<sup>1</sup> as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59			1	1	1					
60-64				1	2					
65-69				1						
70+										

N-7

<sup>1</sup>Plan is hard frozen

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 7,240,042	January 1, 2020	11	\$ 824,543
Shortfall	\$ (1,125,911)	January 1, 2021	12	\$ (120,118)
Shortfall	\$ (282,414)	January 1, 2022	13	\$ (28,416)
Shortfall	\$ 4,483,828	January 1, 2023	14	\$ 427,949
Shortfall	\$ 935,517	January 1, 2024	15	\$ 85,114

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

### For ERISA Requirements

Interest Rates	Based on segment rates with a 4-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under the American Rescue Plan Act of 2021 (ARPA).
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Salary Increases	Not applicable.
Social Security Wage Base Increases	Not applicable.
Optional Payment Forms	100% are assumed to elect a single life annuity.
Retirement Age	
Active Participants	See Table A.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table B.
Disability Rates	See Table C.
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year.
Surviving Spouse Benefit	It is assumed that 100% of employees have an eligible spouse, and that there is no age difference between employees and the eligible spouse.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

**For ERISA Requirements**

Valuation of Plan Assets

Smoothed fair market value of assets over the twelve months prior to the valuation date, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

\$580,000.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2024.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Table A

**Retirement Rates**

Age	Rate
55	5%
56	2%
57	2%
58	2%
59	3%
60	3%
61	3%
62	20%
63	8%
64	8%
65	100%

Table B

**Withdrawal Rates**

Selected rates shown below:

Age	Males	Females
25	14.9%	22.4%
30	10.4%	14.9%
35	7.4%	10.4%
40	4.3%	7.4%
45	2.7%	4.3%
50	0.9%	2.7%
55	0.0%	0.9%
60 and over	0.0%	0.0%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Table C

**Disability Rates**

Selected rates shown below:

<b>Age</b>	<b>Rate</b>
25	0.03%
30	0.05%
35	0.08%
40	0.13%
45	0.21%
50	0.36%
55	0.68%
60	0.96%
65	1.23%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

**Summary of Plan Provisions**

Effective Date	January 1, 2021.
Plan Year	Twelve-month period ending December 31.
Eligibility	Limited to Participants spun off from Harte Hanks, Inc. Pension Plan I to Harte Hanks, Inc. Pension Plan II on January 1, 2021.

**Definitions**

Benefit Accrual Preservation Date	December 31, 1998. The Plan was frozen to participation and benefit accruals after December 31, 1998.
Credited Service	The number of years and months of service from the later of date of hire or credited service date to the earlier of termination or Benefit Accrual Preservation Date, adjusted for certain periods of unpaid absence.
Vesting	Participants in the Plan are 100% vested in their frozen Accrued Benefits as of the Benefit Accrual Preservation Date.
Final Average Compensation	The highest monthly average produced by five consecutive calendar years' compensation out of the last ten calendar years at the earlier of termination or Benefit Accrual Preservation Date.
Compensation	Base pay, overtime, and bonus.
Covered Compensation	35-year average of Social Security Wage Bases ending with the year in which the employee attains Social Security Normal Retirement Age. Wage Bases after the Benefit Accrual Preservation Date are assumed to equal the 1998 Wage Base.
Normal Form	Life only.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Harte Hanks, Inc. Pension Plan II

EIN: 74-1677284 PN: 002

### Summary of Plan Provisions (continued)

#### Accrued Benefit

Product of (a) the projected Normal Retirement Benefit, based on the formulas below, using Credited Service projected to the Participant's Normal Retirement Date and Final Average Compensation determined as of the calculation date times (b) the ratio of Credited Service at the calculation date to Credited Service projected to Normal Retirement Date. The Accrued Benefit was frozen for all Participants as of December 31, 1998.

#### Normal Retirement

##### Eligibility

Age 65.

##### Benefit

The sum of:

1.00% of Final Average Compensation times Credited Service, and

0.65% of Final Average Compensation in excess of Covered Compensation times Credited Service up to 35 years.

#### Early Retirement

##### Eligibility

Age 55.

##### Benefit

Accrued Benefit, reduced by the following factors:

Age	1.00% Piece	0.65% Piece
65	1.000	1.000
64	0.950	0.923
63	0.900	0.846
62	0.850	0.769
61	0.800	0.730
60	0.750	0.692
59	0.700	0.653
58	0.650	0.615
57	0.600	0.576
56	0.550	0.529
55	0.500	0.486

#### Late Retirement

##### Benefit

Benefits are not adjusted for late retirement.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

**Summary of Plan Provisions (continued)**

**Disability Retirement**

Benefit

There are no special benefits for disabilities after 1998.

**Deferred Retirement**

Eligibility

Vested.

Benefit

Accrued Benefit payable in the normal form, commencing at the Normal Retirement Date. The Participant may elect to receive an actuarially reduced benefit prior to the Normal Retirement Date.

**Preretirement Death**

Eligibility

Vested.

Benefit

If death occurs while in active service or while disabled, the Participant's beneficiary will receive an immediate annuity payable for 10 years certain and life that can be provided by the present value of the Accrued Benefit.

If death occurs after termination of employment but prior to retirement, the Participant's beneficiary will receive 50% of the amount the Participant would have received had he survived to age 55, commenced benefits as a 50% Joint and Survivor annuity and immediately died.

**Optional Forms of Payment**

50%, 66<sup>2</sup>/<sub>3</sub>%, 75% or 100% Joint and Survivor annuity, 10-year certain and life annuity. Actuarial equivalence for this purpose is based on an 8.00% interest rate and the UP-1984 mortality table. Lump sum distributions are permitted only if the lump sum is less than \$5,000.

**Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 1/1/2024 at 5.08%</b>	<b>Interest Adjusted Contribution</b>
April 11, 2024	\$ 420,000	101	\$ 414,296
July 11, 2024	420,000	192	409,223
October 11, 2024	360,000	284	346,421
January 13, 2025	400,000	378	380,043
August 15, 2025	240,000	592	221,496
<b>Total Contribution</b>	<b>\$ 1,840,000</b>		<b>\$ 1,771,479</b>

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	2.00%	0.9500	1.06
57	2.00%	0.9310	1.06
58	2.00%	0.9124	1.06
59	3.00%	0.8941	1.58
60	3.00%	0.8673	1.56
61	3.00%	0.8413	1.54
62	20.00%	0.8161	10.12
63	8.00%	0.6528	3.29
64	8.00%	0.6006	3.08
65	100.00%	0.5526	35.92
Weighted Average			63.02

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

## Schedule SB, line 4 — Additional Information for Plans in At-Risk Status

The at-risk assumption for payment form was set on a participant-by-participant basis to the optional payment form that resulted in the highest present value. Actuarial equivalence for this purpose was based on an 8.00% interest rate and the UP-1984 mortality table.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

**Summary of Plan Provisions**

Effective Date	January 1, 2021.
Plan Year	Twelve-month period ending December 31.
Eligibility	Limited to Participants spun off from Harte Hanks, Inc. Pension Plan I to Harte Hanks, Inc. Pension Plan II on January 1, 2021.

**Definitions**

Benefit Accrual Preservation Date	December 31, 1998. The Plan was frozen to participation and benefit accruals after December 31, 1998.
Credited Service	The number of years and months of service from the later of date of hire or credited service date to the earlier of termination or Benefit Accrual Preservation Date, adjusted for certain periods of unpaid absence.
Vesting	Participants in the Plan are 100% vested in their frozen Accrued Benefits as of the Benefit Accrual Preservation Date.
Final Average Compensation	The highest monthly average produced by five consecutive calendar years' compensation out of the last ten calendar years at the earlier of termination or Benefit Accrual Preservation Date.
Compensation	Base pay, overtime, and bonus.
Covered Compensation	35-year average of Social Security Wage Bases ending with the year in which the employee attains Social Security Normal Retirement Age. Wage Bases after the Benefit Accrual Preservation Date are assumed to equal the 1998 Wage Base.
Normal Form	Life only.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Harte Hanks, Inc. Pension Plan II

EIN: 74-1677284 PN: 002

### Summary of Plan Provisions (continued)

#### Accrued Benefit

Product of (a) the projected Normal Retirement Benefit, based on the formulas below, using Credited Service projected to the Participant's Normal Retirement Date and Final Average Compensation determined as of the calculation date times (b) the ratio of Credited Service at the calculation date to Credited Service projected to Normal Retirement Date. The Accrued Benefit was frozen for all Participants as of December 31, 1998.

#### Normal Retirement

##### Eligibility

Age 65.

##### Benefit

The sum of:

1.00% of Final Average Compensation times Credited Service, and

0.65% of Final Average Compensation in excess of Covered Compensation times Credited Service up to 35 years.

#### Early Retirement

##### Eligibility

Age 55.

##### Benefit

Accrued Benefit, reduced by the following factors:

Age	1.00% Piece	0.65% Piece
65	1.000	1.000
64	0.950	0.923
63	0.900	0.846
62	0.850	0.769
61	0.800	0.730
60	0.750	0.692
59	0.700	0.653
58	0.650	0.615
57	0.600	0.576
56	0.550	0.529
55	0.500	0.486

#### Late Retirement

##### Benefit

Benefits are not adjusted for late retirement.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

**Summary of Plan Provisions (continued)**

**Disability Retirement**

Benefit

There are no special benefits for disabilities after 1998.

**Deferred Retirement**

Eligibility

Vested.

Benefit

Accrued Benefit payable in the normal form, commencing at the Normal Retirement Date. The Participant may elect to receive an actuarially reduced benefit prior to the Normal Retirement Date.

**Preretirement Death**

Eligibility

Vested.

Benefit

If death occurs while in active service or while disabled, the Participant's beneficiary will receive an immediate annuity payable for 10 years certain and life that can be provided by the present value of the Accrued Benefit.

If death occurs after termination of employment but prior to retirement, the Participant's beneficiary will receive 50% of the amount the Participant would have received had he survived to age 55, commenced benefits as a 50% Joint and Survivor annuity and immediately died.

**Optional Forms of Payment**

50%, 66<sup>2</sup>/<sub>3</sub>%, 75% or 100% Joint and Survivor annuity, 10-year certain and life annuity. Actuarial equivalence for this purpose is based on an 8.00% interest rate and the UP-1984 mortality table. Lump sum distributions are permitted only if the lump sum is less than \$5,000.

**Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

<b>Plan Name</b>	<b>Harte Hanks, Inc. Pension Plan II</b>
<b>Plan Sponsor EIN</b>	<b>74-1677284</b>
<b>ERISA Plan No.</b>	<b>002</b>
<b>Plan Year End</b>	<b>12/31/2024</b>

**The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line Item</b>	<b>Description</b>
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Harte Hanks, Inc. Pension Plan II  
EIN: 74-1677284 PN: 002

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 7,240,042	January 1, 2020	11	\$ 824,543
Shortfall	\$ (1,125,911)	January 1, 2021	12	\$ (120,118)
Shortfall	\$ (282,414)	January 1, 2022	13	\$ (28,416)
Shortfall	\$ 4,483,828	January 1, 2023	14	\$ 427,949
Shortfall	\$ 935,517	January 1, 2024	15	\$ 85,114