

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST FUND HEALTH AND WELFARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan): GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST
2b Employer Identification Number (EIN): 58-6152277
2c Plan Sponsor's telephone number: 404-231-8676
2d Business code (see instructions): 541211

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	678
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	678
	6a(2)	676
	6b	
	6c	
	6d	676
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4F 4H

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input 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)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 163946810

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST FUND HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST</p>	<p>D Employer Identification Number (EIN) 58-6152277</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-1638390	96962	G0386	514	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 259081</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STERLING SEACREST PRITCHARD INC. PO BOX 724137 ATLANTA, GA 31139

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
254445			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CUNNINGHAM INSURANCE INC. 2223 BROOKSTONE CENTRE PARKWAY COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2904			3

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

RSC INS BROKERAGE INC. 160 FEDERAL STREET
BOSTON, MA 01982

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1275			3

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

NUVISION FINANCIAL CORP INC. 2435 WALL ST, SUITE 101
CONYERS, GA 30013

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
379			3

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

HODGE HART & SCHLEIFER INC. 7979 OLD GEORGE TOWN ROAD, SUITE 70
BETHESDA, MD 20814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
78			3

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	6136941
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST FUND HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ **501**

C Plan sponsor's name as shown on line 2a of Form 5500
GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST

D Employer Identification Number (EIN)
58-6152277

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OF GEORGIA, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-0469845	54801	G0385	272	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	111244
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST FUND HEALTH AND WELFARE PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST		D Employer Identification Number (EIN) 58-6152277	

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

1 Coverage Information:

(a) Name of insurance carrier
GREATER GEORGIA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-1473042	97217	G72003		01/01/2024	03/31/2024

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

(a) Total amount of commissions paid 2502	(b) Total amount of fees paid 0
---	---

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STERLING SEACREST PRITCHARD INC. PO BOX 724137 ATLANTA, GA 31139

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2502			3

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	27626
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST FUND HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST</p>	<p>D Employer Identification Number (EIN) 58-6152277</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-1473042	97217	G72003	160	04/01/2024	12/31/2024

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

(a) Total amount of commissions paid 8188	(b) Total amount of fees paid 153
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STERLING SEACREST PRITCHARD INC. PO BOX 724137 ATLANTA, GA 31139

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8188	153	BONUS, OVERRIDE AND NONMONETARY COMPENSATION	

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	85932
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST FUND HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST	D Employer Identification Number (EIN) 58-6152277	

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

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(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)

BAKER TILLY US, LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	INDEPENDENT AUDITOR	22000	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)

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: HANCOCK ASKEW & CO., LLP	b EIN: 58-0662558
c Position: AUDITOR	
d Address: 100 RIVERVIEW DRIVE SAVANNAH, GA 31404	e Telephone: 912-234-8243

Explanation: HANCOCK ASKEW & CO., LLP MERGED WITH BAKER TILLY US, LLP EFFECTIVE 5/1/2025.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST FUND HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS' GROUP INSURANCE TRUST	D Employer Identification Number (EIN) 58-6152277

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	20383	20383
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	37321	37058
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	411921	237368
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	528499	819408
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	998124	1114217
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	63925	79641
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	63925	79641
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	934199	1034576

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	24319	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		24319
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		98986
c Other income	2c		265617
d Total income. Add all income amounts in column (b) and enter total	2d		388922

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	252337	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22000	
(5) Investment advisory and investment management fees	2i(5)	7947	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	6261	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		288545
j Total expenses. Add all expense amounts in column (b) and enter total	2j		288545

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		100377
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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 _____.

**Georgia Society of Certified Public
Accountants' Group Insurance Trust Fund
Health and Welfare Plan**

Financial Statements and
Supplemental Schedules

December 31, 2024 and 2023

Georgia Society of Certified Public Accountants' Group Insurance Trust Fund Health and Welfare Plan

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Independent Auditors' Report

Board of Trustees of the Georgia Society of Certified Public Accountants and the
Board of Trustees of the Georgia Society of Certified Public Accountants'
Group Insurance Trust Fund Health and Welfare Plan
Atlanta, Georgia

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of the Georgia Society of Certified Public Accountants' Group Insurance Trust Fund Health and Welfare Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefit as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the 2024 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.

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

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

Auditors' Responsibilities for the Audit of the 2024 Financial Statements

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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, schedule H, line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and, schedule H, line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter – Auditors' Report on the 2023 Financial Statements

The 2023 financial statements of the Plan were audited by predecessor auditors whose report dated November 4, 2024, expressed an unmodified opinion on those financial statements.

Baker Tilly US, LLP

Peachtree Corners, Georgia
September 23, 2025

Georgia Society of Certified Public Accountants' Group Insurance Trust Fund Health and Welfare Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
ASSETS		
Cash, non-interest bearing	\$ 20,383	\$ 20,383
Investments, at fair value	1,056,776	940,420
Accrued interest receivable	2,106	3,103
Income taxes receivable	2,780	8,249
Deferred tax asset	32,172	25,969
Total assets	1,114,217	998,124
LIABILITIES		
Due to related party	79,641	63,925
Total liabilities	79,641	63,925
Net assets available for benefits	\$ 1,034,576	\$ 934,199

See accompanying notes to the financial statements.

Georgia Society of Certified Public Accountants' Group Insurance Trust Fund Health and Welfare Plan

Statement of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2024
ADDITIONS TO NET ASSETS	
Service fees	\$ 265,617
Investment income	
Net appreciation in fair value of investments	98,986
Interest and dividends	24,319
Total investment income	123,305
Total additions to net assets	388,922
DEDUCTIONS FROM NET ASSETS	
Management fees	252,337
Insurance and other expenses	14,942
Professional fees	22,000
Total deductions from net assets	289,279
Net increase in net assets before taxes	99,643
Income tax benefit	734
Net increase in net assets	100,377
Net assets available for benefits, beginning of year	934,199
Net assets available for benefits, end of year	\$ 1,034,576

See accompanying notes to the financial statements.

Georgia Society of Certified Public Accountants' Group Insurance Trust Fund Health and Welfare Plan

Notes to Financial Statements

1. Description of the Plan

The Georgia Society of Certified Public Accountants' Group Insurance Trust Fund Health and Welfare Plan, (the Plan), was adopted by the Georgia Society of Certified Public Accountants' Group Insurance Trust Fund (the Trust) and was most recently restated effective January 1, 2014. The Plan was formed as a Multiple Employer Welfare Arrangement (MEWA) to serve as a vehicle for marketing health and welfare benefits to member firms of the Georgia Society of Certified Public Accountants, Inc. (the Society) and firms that are engaged in the practice of public accountancy in the state of Georgia. Such firms who elect to participate in the MEWA will collectively be referred to as "member firms." The Plan is administered by seven trustees which are named in the Trust documents.

Certain Plan assets are held by the Trust which has not sought a determination of tax-exempt status under Section 501(c)(9) of the IRC. Thus, the Trust is taxed on earned income.

The insurance products provided by the Plan include access to group medical, dental, vision, life, accidental death and dismemberment, and long-term disability insurance policies. Each of these benefits is fully insured, with the Plan acting as an administrative agent of the entity providing the insurance. The premiums for the various policies are billed and collected by the insurance entity providing the coverage. Historically, the Plan's primary sources of revenue include service fees and returns on investments.

The accompanying financial statements reflect the activities of the Plan and do not reflect the activities of the Society, the Society's 14 chapters, or the Educational Foundation of the Georgia Society of Certified Public Accountants, Inc. (the Foundation). The Society is the professional organization for Certified Public Accountants in the state of Georgia and is exempt from income tax under Internal Revenue Code (IRC) Section 501(c)(6). The Foundation is a nonprofit corporation exempt from income tax under Section 501(c)(3) of the IRC whose purpose is to aid, and advance education and research related to the study, teaching, and practicing of accountancy. Additionally, under current law, as a MEWA established for the purpose of providing participants with medical and other benefits, the Plan is subject to the provisions of Title I of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statement. Estimates are used for, but not limited to, the accounting for income taxes and accrued liabilities. Actual results could differ from these estimates.

Georgia Society of Certified Public Accountants' Group Insurance Trust Fund Health and Welfare Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (cont.)

Investment Valuation

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 exit price). See Note 3 for discussion of the fair value measurements.

Service Fee Income and Revenue Recognition

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 (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

In accordance with Revenue Recognition from Contracts with Customers of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 606, the Plan recognizes service fee income when each of the following four criteria is met: persuasive evidence of an arrangement exists; delivery has occurred, or services have been rendered; the seller's price to the buyer is fixed or determinable; and collectability is reasonably assured. Service fee income is primarily comprised of commission and management fees paid to the Plan by a third-party administrator related to insurance plans that were purchased by member firms.

Premiums

Premiums paid to insurance providers by member firms are not reflected in the accompanying financial statements.

Income Taxes

Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax basis.

The Plan follows the guidance of professional standards in the accounting for income taxes, including temporary differences between tax and financial accounting basis of assets and liabilities and tax benefits of tax positions used in the preparation of the Trust's tax returns. The uncertainties of any tax positions are accounted for under the guidance of professional standards. Under this approach, disclosure is not required for a loss contingency involving an unasserted claim or assessment when there has been no manifestation by a potential claimant of an awareness of a possible claim or assessment unless it is considered probable that a claim will be asserted and there is a reasonable possibility that the outcome will be unfavorable.

Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date.

Georgia Society of Certified Public Accountants’ Group Insurance Trust Fund Health and Welfare Plan

Notes to Financial Statements

3. Fair Value Measurement

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs in which little or no market data exists (Level 3 measurements).

Basis of Fair Value Measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Exchange Traded Funds and Mutual Funds - Valued at the daily closing price as reported by the fund. These funds held by the Plan are registered with the Securities and Exchange Commission (SEC) and are required to publish their daily net asset value (NAV) and to transact at that price. These funds held by the Plan are deemed to be actively traded.

Corporate and Government Bonds - Valued by obtaining quoted values and other data on nationally recognized bond exchanges; these bonds are not actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management 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, the Plan’s assets at fair value as of December 31, 2024 and 2023.

<i>December 31, 2024</i>		Level 1		Level 2		Level 3		Total
Exchange-traded funds	\$	789,504	\$	-	\$	-	\$	789,504
Mutual funds		29,904		-		-		29,904
Bonds		-		237,368		-		237,368
Total assets, at fair value	\$	819,408	\$	237,368	\$	-	\$	1,056,776

Georgia Society of Certified Public Accountants’ Group Insurance Trust Fund Health and Welfare Plan

Notes to Financial Statements

3. Fair Value Measurement (cont.)

<i>December 31, 2023</i>		Level 1		Level 2		Level 3		Total
Exchange-traded funds	\$	470,386	\$	-	\$	-	\$	470,386
Mutual funds		58,113		-		-		58,113
Bonds		-		411,921		-		411,921
Total assets, at fair value	\$	528,499	\$	411,921	\$	-	\$	940,420

4. Plan Termination

The Plan agreement may be terminated at any time by an instrument in writing duly executed by the trustees or a majority of the member firms. In the event of termination of the Plan, the trustees shall apply any money or other property-forming part of the Plan first to pay any and all obligations of the Plan, and then shall distribute the remainder in such manner as will, in their opinion, best effectuate the purpose of the Plan to provide benefits to the employees of the employers in compliance with its fiduciary obligations under ERISA. No part of the Plan shall revert to the employers or the Society upon termination for any other purpose.

5. Income Taxes

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if it is more likely than not that the tax position would not be sustained upon examination by the Internal Revenue Service (IRS). Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

As of December 31, 2024, the Plan has member loss carryforwards for tax purposes of \$848,180, which can be carried forward but are available to offset certain types of future taxable income only to the extent of income derived during the year from members or transactions with members. The Plan determined it was more likely than not that the benefit from the member loss carryforwards will not be fully realized in the foreseeable future based on the Plan’s recent history of income from members in excess of deductions incurred to provide member services in a given year. In recognition of this risk, the Plan provided a valuation allowance on the deferred tax assets relating to the member loss carryforwards of \$313,826 and \$308,562 at December 31, 2024 and 2023, respectively.

As of December 31, 2024, the Plan has unused Foreign Tax Credits (FTC) for federal tax purpose of \$1,164. These credits will expire beginning in 2025. The Plan determined it was more likely than not that the benefit from the FTC will not be realized in a foreseeable future. In recognition of this risk, the Plan provided a valuation allowance on the deferred tax assets relating to the FTC of \$1,164 and \$1,164 at December 31, 2024 and 2023, respectively.

A reconciliation of the components of income before income taxes for financial statement purposes to that for income tax reporting purposes for the year ended December 31, 2024, is as follows:

Georgia Society of Certified Public Accountants' Group Insurance Trust Fund Health and Welfare Plan

Notes to Financial Statements

5. Income Taxes (cont.)

Income before income taxes	\$	99,643
Differences attributable to		
Revenue and expense recognition - accrual to cash timing differences		15,716
Permanent differences		
Nondeductible expenses		7,947
Professional fees		(1,488)
Investment income		(101,389)
Qualified business income (QBI) deduction		(146)
Exemption		(100)
Taxable income	\$	20,183

The provision for income taxes consists of the following for the year ended December 31, 2024:

Current tax expense		
Federal	\$	(4,336)
State		(1,135)
Deferred tax benefit		
Federal		5,816
State		389
Income tax benefit	\$	734

The tax effects of temporary differences that give rise to significant portions of the deferred tax asset and deferred tax liability at December 31, 2024 and 2023 consist of:

<i>December 31,</i>	2024	2023
Deferred tax asset (liability)		
Accrual to cash adjustments - temporary	\$ 32,172	\$ 25,969
Available net operating loss carryforwards	313,826	308,562
Foreign tax credit carryforwards	1,164	1,164
Valuation allowance	(314,990)	(309,726)
Net deferred tax asset	\$ 32,172	\$ 25,969

6. Risks, Uncertainties, and Concentrations

Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the net assets available for benefits of the Plan. At December 31, 2024, 22% of the Plan's investments were held in the Vanguard Index Funds S&P 500 ETF Fund. No such concentration was presented at December 31, 2023.

Georgia Society of Certified Public Accountants' Group Insurance Trust Fund Health and Welfare Plan

Notes to Financial Statements

6. Risks, Uncertainties, and Concentrations (cont.)

The Plan maintains a cash balance at a bank. The account is insured by the Federal Deposit Insurance Corporation up to \$250,000. From time to time, the Plan's cash balance may exceed such limits. The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant risks on cash.

7. Related Party and Party-In-Interest Transactions

The Plan receives office space, personnel, and other support from the Society, which is affiliated by common management. Under the terms of the administrative agreement with the Society, the Society is responsible for the administrative and accounting services related to the Plan. The Society outsources the administrative services of insurance operations of the Plan to a third party. The third-party administrator receives commissions and management fees in connection with group life, group long-term disability, and group medical/dental insurance offerings of the Plan that are equal to 80% of the fees earned. The remaining 20% of the fees are paid to the Society, allocated 75% to the Society and 25% to the Plan based on the administrative agreement between the Society and the Plan. The net management fees earned by the Society under these agreements were \$39,843 for the year ended December 31, 2024, with the balance of \$212,494, representing amounts paid to the third-party administrator.

Additionally, the Society pays audit, tax, and insurance service fees on behalf of the Plan. For the year ended December 31, 2024, such fees totaled approximately \$29,000, and are reflected within the due from/due to related party on the accompanying statements of net assets available for benefits. As of December 31, 2024 and 2023, amounts due to the Society for audit, tax, and insurance service fees paid on behalf of the Plan were \$79,641 and \$63,925, respectively.

8. Subsequent Events

The Plan evaluated subsequent events through September 23, 2025, when these financial statements were available to be issued. Management is not aware of any significant events that occurred subsequent to December 31, 2024, but prior to the filing of this report, that would have a material impact on the financial statements.

SUPPLEMENTAL SCHEDULES

Georgia Society of Certified Public Accountants'
Group Insurance Trust Fund Health and Welfare Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 58-6152277
Plan # 501

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds				
	Fidelity	Fidelity Treasury Money Market Fund	\$ 29,904	\$ 29,904
Exchange traded funds				
	iShares	iShares S&P Midcap 400 Index Fund	47,528	73,526
	iShares	iShares Russell 1000 Value ETF	51,593	75,348
	iShares	iShares Tr Rus 1000 Grw ETF	67,656	124,490
	Vanguard	Vanguard Index Funds S&P 500 ETF	196,408	230,611
	Vanguard	Vanguard Small-Cap Index Fund	55,253	86,501
	Fidelity	Fidelity MSCI Health Care Index	11,664	10,325
	Fidelity	Fidelity MSCI INDL Index ETF	7,655	7,875
	Global X Funds	Global X Fds US Infr Dev ETF	1,969	2,101
	Invesco	Invesco QQQ TR Unit SER 1	1,845	2,045
	Invesco	Invesco Exchange Traded Fd Tr S&P500	94,249	105,138
	SPDR State Street Global Advisors	SPDR Ser Tr S&P Metals Mng	2,186	2,213
	SPDR State Street Global Advisors	Consumer Staples Select Sector SPDR Fund	6,552	6,210
	SPDR State Street Global Advisors	Select Sector SPDR Trust Technology Select Sector USD Dis	28,346	31,390
	SPDR State Street Global Advisors	Utilities Select Sector SPDR Fund	2,131	2,119
	Vanguard	Vanguard World Fd Consum Dis ETF	9,460	11,262
	Vanguard	Vanguard World Fd Energy ETF	3,714	3,639
	Vanguard	Vanguard World Fd Financials ETF	11,821	12,751
	Vanguard	Vanguard Real Estate ETF	2,085	1,960
			602,115	789,504
Bonds				
	Morgan Cnty Ga Sch Dist Go Bds Ser.	5.000%, Maturity 5/1/25, \$20,000 par	20,168	20,125
	Albuquerque Bernalillo Cnty Wtr	5.000%, Maturity 7/1/25, \$20,000 par	20,260	20,187
	Metropolitan Atlanta Rapid Tran Auth Ga	5.000%, Maturity 7/1/26, \$20,000 par	20,686	20,622
	Miami-Dade Cnty Fla Go Ref Bds Bldg	5.000%, Maturity 7/1/26, \$15,000 par	15,000	15,021
	United States Treasury Ser AC-2025	0.250%, Maturity 8/31/25, \$85,000 par	76,773	82,784
	United States Treasury Ser AS-2025	3.500%, Maturity 9/15/25, \$40,000 par	39,214	39,787
	United States Treasury Ser L-2026	2.125%, Maturity 5/31/26, \$40,000 par	37,262	38,842
			229,363	237,368
	Total		\$ 861,382	\$ 1,056,776

Georgia Society of Certified Public Accountants'
Group Insurance Trust Fund Health and Welfare Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions
EIN: 58-6152277
Plan # 501

For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - individual transactions in excess of 5% of beginning of year Plan assets						
Fidelity	Fidelity Treasury Money Market Fund	\$ -	\$ 66,889	\$ 66,889	\$ -	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ 50,000	\$ -	\$ -	\$ 50,000	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ -	\$ 63,516	\$ 63,516	\$ -	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ 85,159	\$ -	\$ -	\$ 85,159	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ -	\$ 89,429	\$ 89,429	\$ -	\$ -
Invesco	Invesco Exchange Traded Fd Tr S&P 500	\$ 94,249	\$ -	\$ -	\$ 94,249	\$ -
United States Treasury	United States Treas Bills Zero CPN	\$ -	\$ 50,000	\$ 50,000	\$ -	\$ -
United States Treasury	United States Treas Ser AR - 2024	\$ -	\$ 85,000	\$ 79,710	\$ -	\$ 5,290
Vanguard	Vanguard Index Funds S&P 500 WTF USD	\$ 65,735	\$ -	\$ -	\$ 65,735	\$ -
Vanguard	Vanguard Index Funds S&P 500 WTF USD	\$ 98,190	\$ -	\$ -	\$ 98,190	\$ -
Vanguard	Vanguard Scottsdale FDS	\$ 63,516	\$ -	\$ -	\$ 63,516	\$ -
Vanguard	Vanguard Scottsdale FDS	\$ -	\$ 97,304	\$ 97,173	\$ -	\$ 131
Category (iii) - series of transactions in excess of 5% of beginning of year Plan assets						
Fidelity	Fidelity Treasury Money Market Fund	\$ 199,873	\$ 228,081	\$ 159,339	\$ 199,873	\$ 68,742

Columns (e) and (f) have not been presented as this information is not applicable.
There were no category (ii) or (iv) transactions during the 2024 Plan year.

Georgia Society of Certified Public Accountants'
Group Insurance Trust Fund Health and Welfare Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 58-6152277
Plan # 501

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds				
	Fidelity	Fidelity Treasury Money Market Fund	\$ 29,904	\$ 29,904
Exchange traded funds				
	iShares	iShares S&P Midcap 400 Index Fund	47,528	73,526
	iShares	iShares Russell 1000 Value ETF	51,593	75,348
	iShares	iShares Tr Rus 1000 Grw ETF	67,656	124,490
	Vanguard	Vanguard Index Funds S&P 500 ETF	196,408	230,611
	Vanguard	Vanguard Small-Cap Index Fund	55,253	86,501
	Fidelity	Fidelity MSCI Health Care Index	11,664	10,325
	Fidelity	Fidelity MSCI INDL Index ETF	7,655	7,875
	Global X Funds	Global X Fds US Infr Dev ETF	1,969	2,101
	Invesco	Invesco QQQ TR Unit SER 1	1,845	2,045
	Invesco	Invesco Exchange Traded Fd Tr S&P500	94,249	105,138
	SPDR State Street Global Advisors	SPDR Ser Tr S&P Metals Mng	2,186	2,213
	SPDR State Street Global Advisors	Consumer Staples Select Sector SPDR Fund	6,552	6,210
	SPDR State Street Global Advisors	Select Sector SPDR Trust Technology Select Sector USD Dis	28,346	31,390
	SPDR State Street Global Advisors	Utilities Select Sector SPDR Fund	2,131	2,119
	Vanguard	Vanguard World Fd Consum Dis ETF	9,460	11,262
	Vanguard	Vanguard World Fd Energy ETF	3,714	3,639
	Vanguard	Vanguard World Fd Financials ETF	11,821	12,751
	Vanguard	Vanguard Real Estate ETF	2,085	1,960
			602,115	789,504
Bonds				
	Morgan Cnty Ga Sch Dist Go Bds Ser.	5.000%, Maturity 5/1/25, \$20,000 par	20,168	20,125
	Albuquerque Bernalillo Cnty Wtr	5.000%, Maturity 7/1/25, \$20,000 par	20,260	20,187
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			229,363	237,368
	Total		\$ 861,382	\$ 1,056,776

Multiple-Employer Welfare Plan Participating Employer Information
GSCPA Group Insurance Trust Fund Health and Welfare Plan
EIN: 58-6152277
Plan # 501

Name of Participating Employer	Percentage of Total Contributions for the Plan Year
A. Michael Mirza, CPA, LLC	N/A
Aal Services Inc.	N/A
Aal Services, Inc.	N/A
Aelera Resources Corporation	N/A
Akins CPA Inc	N/A
Alliance Of Financial Professionals, LLC	N/A
Areen Kao CPA PC	N/A
Arkin & Associates PC	N/A
Arkin & Associates, PC	N/A
Asa Research	N/A
Aspire CPA Group LLC	N/A
Assurance Forensic Accounting	N/A
Barnes Merritt & Barnes	N/A
Bedingfield Mccutcheon & Perry	N/A
Bedingfield, Mccutcheon & Perry	N/A
Blad & Associates P.C.	N/A
Boomfish Wealth Group	N/A
Bradshaw Pope & Company	N/A
C. Dev Hays Jr. CPA P.C.	N/A
C. Dev Hays, Jr. CPA, P.C.	N/A
Cahn Consulting LLC	N/A
Cain & David, PC	N/A
Cain & Hodges	N/A
Callier-Witt, CPAs, LLP	N/A
Canady Richbourg & Assoc	N/A
Carmichael, Brasher & Tuvell	N/A
Caymus Partners, LLC	N/A
Cfo For Hire, LLC	N/A
Chang & Company	N/A
Christine Hinton CPA LLC	N/A
Complex Pts, LLC	N/A
Corporate Financial Solutions	N/A
Davis & Langford PC	N/A
Dime Accounting LLC	N/A
Dime Accounting, LLC	N/A
Dougherty Mckinnon & Luby	N/A
Draffin & Tucker, LLP	N/A
Eggleston CPAs	N/A
Ferraro Tax & Accounting	N/A
Foreman And Milks CPAs,PC	N/A
Gary R. Zeigler, PC	N/A
George A. Pennington & Co LLC	N/A
Georgia Society Of CPA's	N/A
Gina Cole CPA PC	N/A
Goldman & Company CPAs	N/A
Gps Waste	N/A
Greenwald & Company CPAs	N/A
Gregg S. Bossen, CPA	N/A
Guy, Johnson & Rayburn, P.C.	N/A
Guy, Johnson & Rayburn, PC	N/A
Hall Financial Advisors PC	N/A
Hargrave, Freeman, And Leto	N/A
Harper CPA Group PC	N/A
Henry W Harvey, CPA	N/A
Heritage Properties Development LLC	N/A
Hungeling - Grace CPAs	N/A

Multiple-Employer Welfare Plan Participating Employer Information
GSCPA Group Insurance Trust Fund Health and Welfare Plan
EIN: 58-6152277
Plan # 501

Name of Participating Employer	Percentage of Total Contributions for the Plan Year
Ilumen, Inc.	N/A
Integrated Accounting Adv	N/A
J F Kimmons & Associates P C	N/A
James E Kinkead PC	N/A
Jayco Wealth Management	N/A
Jeff Forrestall CPA	N/A
Jeff Forrestall CPA PC	N/A
Jeffrey C. Turner, CPA, P.C.	N/A
Jerry Hill CPA PC	N/A
JK Boatwright & Co. PC	N/A
Jw Newcomer & Assoc	N/A
Kb Consulting	N/A
Kirschner & Company LLP	N/A
Kline Tax & Accounting Professionals, LLC	N/A
Lamb & Braswell LLC	N/A
Lanigan & Associates PC	N/A
Layson CPA	N/A
Lemmings & Atkins PC	N/A
Leroy Cole & Stephens LLC	N/A
Mattison R Verdery CPA	N/A
Mchugh CPA Group	N/A
Mclain Calhoun Mccullough	N/A
Mendola & Associates	N/A
Michael P Salazar CPA PC	N/A
Michael P Salazar CPA, PC	N/A
Mize & Associates	N/A
Moody & Collins PC	N/A
Post CPAs	N/A
Reddick Rigg Hunter Colson	N/A
Reiser & Reiser, LLC	N/A
Roe CPA PC	N/A
Roi Strategies LLC	N/A
Roi Strategies, LLC	N/A
Rosenberg & Company	N/A
Rushton & Company LLC	N/A
Rushton & Company, LLC	N/A
Sharon Fisher CPA	N/A
Smith Adcock And Company	N/A
Stefanie D Burford LLC	N/A
Strategic Hr Services, LLC	N/A
T. Michael Hyden & Assoc., PC	N/A
Tabb & Tabb, LLC	N/A
Thaw & Co	N/A
The Houston Group CPA	N/A
The Morris Group, LLC.	N/A
Tillman Bailey Samples	N/A
Town & Country Properties	N/A
Trillium Consulting	N/A
Walker Pierce & Tuck CPA	N/A
Welch Financial Advisors	N/A
William M. Bush CPA	N/A

Georgia Society of Certified Public Accountants'
Group Insurance Trust Fund Health and Welfare Plan
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