

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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 WORK, INC. 403(B) PLAN 1b Three-digit plan number (PN) 002 1c Effective date of plan 01/01/1999 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WORK, INC. 25 BEACH STREET DORCHESTER, MA 02122-2734 25 BEACH STREET DORCHESTER, MA 02122-2734 2b Employer Identification Number (EIN) 23-7100726 2c Plan Sponsor's telephone number 617-691-1505 2d Business code (see instructions) 624310

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	470
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	445
	<b>6a(2)</b>	445
	<b>6b</b>	3
	<b>6c</b>	20
	<b>6d</b>	468
	<b>6e</b>	2
	<b>6f</b>	470
	<b>6g(1)</b>	152
<b>6g(2)</b>	155	
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2G 2L 2M 3D 3H

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	1121535
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	2719856

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	1198768
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<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	48573
	<b>7c(2)</b>	0
	<b>7c(3)</b>	34515
	<b>7c(4)</b>	0
	<b>7c(5)</b>	0

(6) Total additions .....	<b>7c(6)</b>	83088
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<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	1281856
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<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	143656
	<b>7e(2)</b>	0
	<b>7e(3)</b>	16665
	<b>7e(4)</b>	

(5) Total deductions .....	<b>7e(5)</b>	160321
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<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	1121535
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**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>WORK, INC. 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WORK, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7100726</b>	

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

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

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

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

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

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

**VOYA LIFE INSURANCE AND ANNUITY** **P.O. BOX 990067**  
**HARTFORD, CT 06199-0067**

**71-0294708**

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

**FIDELITY INVESTMENTS** **P.O. BOX 770002**  
**CINCINNATI, OH 45277-0089**

**04-2647786**

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

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

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

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

FIDELITY INVESTMENTS

P.O. BOX 770002  
CINCINNATI, OH 45277-0089

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	1190	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)

VOYA RETIREMENT INSURANCE AND ANNUI

P.O. BOX 990067  
HARTFORD, CT 06199-0067

70-0294708

(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?
60 66 64 72 65	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VOYA MUTUAL FUNDS

PO BOX 990067  
HARTFORD, CT 06199-0067

95-4516049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INV PRODUCT PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>WORK, INC. 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WORK, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-7100726</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VARIABLE ANNUITY ACCOUNT C</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY CO</u>		
<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2719856</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>		
<b>A</b> Name of plan <b>WORK, INC. 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WORK, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7100726</b>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	200	0
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	528640	557061
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	0	0
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	2710396	2719856
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	3148169	3325238
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	1198768	1121535
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	7586173	7723690
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	7586173	7723690

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	0	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	425230	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	3337	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		428567
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	25931	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	59	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		25990
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	171072	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		171072
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		749457
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		1375086

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1236352	
(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)		1236352
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)	1217	
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		1217
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		1237569

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		137517
<b>l</b> 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: **AAFCPAS, INC.**

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>WORK, INC. 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>WORK, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-7100726</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 71-0294708 04-2647786

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

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

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

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

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

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

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

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

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

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

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

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 09 / 22 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number J504639A.



**WORK, INC. 403(B) PLAN**

**FINANCIAL STATEMENTS  
AS OF DECEMBER 31, 2024 AND 2023 AND  
FOR THE YEAR ENDED DECEMBER 31, 2024**

**WORK, INC. 403(B) PLAN**

Contents  
December 31, 2024 and 2023

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## Independent Auditor's Report

To the Plan Administrator of  
Work, Inc. 403(b) Plan:

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

We have performed audits of the financial statements of Work, Inc. 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Work, Inc. 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### ***Opinion***

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

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

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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Work, Inc. 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Work, Inc. 403(b) 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.

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Work, Inc. 403(b) 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 Work, Inc. 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

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

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

The supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

*AAFCPA, Inc.*

Westborough, Massachusetts  
September 8, 2025

**WORK, INC. 403(B) PLAN**

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

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<b>Assets</b>	<b>2024</b>	<b>2023</b>
Investments, at fair value:		
Mutual and money market funds	\$ 3,882,299	\$ 3,676,809
Separate accounts	<u>2,719,856</u>	<u>2,710,396</u>
Total investments, at fair value	6,602,155	6,387,205
Unallocated contracts, at contract value	<u>1,121,535</u>	<u>1,198,768</u>
Total investments	7,723,690	7,585,973
Participant contributions receivable	<u>-</u>	<u>200</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 7,723,690</u>	<u>\$ 7,586,173</u>

**WORK, INC. 403(B) PLAN**

Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2024

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**Additions to Net Assets Attributed to:**

Investment income:

Net appreciation of investments	\$ 749,457
Interest and dividends	<u>197,062</u>

Total investment income 946,519

Contributions:

Participant	425,230
Rollover	<u>3,337</u>

Total contributions 428,567

Total additions 1,375,086

**Deductions from Net Assets Attributed to:**

Benefits paid to participants	1,236,352
Administrative expenses	<u>1,217</u>

Total deductions 1,237,569

Net increase 137,517

**Net Assets Available for Benefits:**

Beginning of year 7,586,173

End of year \$ 7,723,690

## WORK, INC. 403(B) PLAN

Notes to Financial Statements  
December 31, 2024 and 2023

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### 1. DESCRIPTION OF PLAN

The following description of Work, Inc. 403(b) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

- a. **General** - The Plan is a 403(b) defined contribution tax-deferred savings plan covering substantially all employees of Work, Inc. (the Plan Sponsor) upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Directors is responsible for the oversight of the Plan. The Plan Administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan Sponsor's Board of Directors.
- b. **Eligibility** - Employees are eligible on their first day of employment with the Plan Sponsor to participate in the Plan and to receive the Plan Sponsor's discretionary matching contributions, if any. Employees that are clients participating in training and employee programs of the Plan Sponsor for purposes of therapy and rehabilitation, are excluded from participating in the Plan. Employees that are part of a bargaining unit are only excluded from making deferral contributions into the Plan, and non-resident aliens are only excluded from receiving the Plan Sponsor's discretionary matching contributions.
- c. **Contributions** - Each year, participants may contribute a percentage up to 100% of pre-tax annual compensation subject to Internal Revenue Service (IRS) limitations, as defined in the Plan. Participants who have attained age fifty before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover contributions). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan Sponsor may make a discretionary matching contribution to the Plan for eligible employees, however, there were no discretionary matching contributions made for the year ended December 31, 2024.

- d. **Participant Accounts** - Each participant's account is credited with the participant's and the Plan Sponsor's contributions, if any, and an allocation of plan earnings. Participant accounts are charged with direct distribution processing fees and an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- e. **Payment of Benefits** - The Plan provides for a normal retirement benefit to be paid to participants who have reached the age of sixty-five, with no option for early retirement. The Plan allows for in-service withdrawals upon attainment of age fifty-five for participants who have completed two years of service. Upon termination of service due to death, disability, or retirement, a participant receives a lump-sum amount equal to the value of their account. The Plan requires balances up to \$5,000 to be paid out to participants upon termination.

A participant may also request a withdrawal upon demonstration to the Plan Administrator that they were suffering a "hardship". Hardship is defined in applicable regulations promulgated or to be promulgated pursuant to the applicable section of the Internal Revenue Code (IRC) or standards established by the Secretary of the Treasury or their delegate.

- f. **Participant Loans** - Participant loans are not permitted under the Plan.
- g. **Vesting** - Participants are fully vested in all contributions and earnings thereon.

## **WORK, INC. 403(B) PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

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### **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### **Basis of Presentation**

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

#### **Use of Estimates**

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

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

Mutual and money market funds and separate accounts are reported at fair value. Shares of mutual and money market funds are stated at quoted market prices on public exchanges, which represent the net asset value (NAV) of shares held by the Plan at year-end. Units held by the Plan in separate accounts are measured based on each fund's daily NAV measured as a practical expedient, which is considered by the Plan Administrator to be the best approximation of fair value. The unallocated contracts are valued at contract value as they are fully benefit-responsive. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisor and Fidelity Management Trust Company (Fidelity), Voya Retirement Insurance and Annuity Company (Voya), the qualified institutions, and Zurich American Life Insurance Company (Zurich). See Note 4 for discussion of fair value measurement.

Unallocated contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

#### **Contributions**

Contributions from plan participants and the discretionary matching contributions from the Plan Sponsor are recorded in the year which the participant contributions are withheld from compensation.

#### **Payment of Benefits**

Benefits are recorded when paid.

#### **Administrative Expenses**

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of benefit payments are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in the net appreciation of investments.

## WORK, INC. 403(B) PLAN

Notes to Financial Statements  
December 31, 2024 and 2023

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### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### Subsequent Events

The Plan has evaluated subsequent events through September 8, 2025, the date the financial statements were available to be issued. There were no events that met the criteria for recognition or disclosure in the financial statements.

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

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity and Voya, the qualified institutions, have certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, and the supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024, and the related investment transactions and investment income reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024.

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

The following investment information was not certified by Zurich as of December 31:

	<u>2024</u>	<u>2023</u>
Mutual funds	<u>\$ 135,001</u>	<u>\$ 131,148</u>

The following investment information was not certified by Zurich for the year ended December 31, 2024:

Net appreciation of investments	\$ 28,880
Administrative expenses	(27)
Benefits paid to participants	<u>(25,000)</u>
Net investment income	<u>\$ 3,853</u>

### 4. FAIR VALUE MEASUREMENT

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

The fair value hierarchy is as follows:

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

## WORK, INC. 403(B) PLAN

Notes to Financial Statements  
December 31, 2024 and 2023

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### 4. FAIR VALUE MEASUREMENT (Continued)

Level 2 - Inputs to the valuation methodology include:

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

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

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

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:

*Mutual and money market funds:* Valued at the daily closing price as reported by the funds. Mutual and money market funds held by the Plan are open-ended mutual and money market funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual and money market funds held by the Plan are deemed to be actively traded.

*Separate accounts:* The fair value of accumulation units held by the Plan in separate accounts are based on each account's daily NAV as a practical expedient, which is considered by the Plan Administrator to be the best approximation of fair value. The NAV is used as a practical expedient to estimate the fair value, unless it is probable that all or a portion of the separate accounts will be sold for an amount different from NAV. As of December 31, 2024 and 2023, the Plan had no plans to sell the separate accounts at an amount different from NAV. The accumulation unit value is first established when a new fund starts and is then determined daily based on the NAV of shares of the underlying fund, plus the fund's dividends and less the contract's separate account charges. Transactions occur daily in and out of the accounts.

There have been no changes in the methodologies used at December 31, 2024 and 2023.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Sponsor 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.

**WORK, INC. 403(B) PLAN**Notes to Financial Statements  
December 31, 2024 and 2023**4. FAIR VALUE MEASUREMENT (Continued)**

The following table presents by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

<u>Description</u>	<b>2024</b>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Mutual and money market funds	<u>\$ 3,882,299</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 3,882,299
Separate accounts measured at NAV				<u>2,719,856</u>
Total investments, at fair value				<u>\$ 6,602,155</u>

  

<u>Description</u>	<b>2023</b>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Mutual and money market funds	<u>\$ 3,676,809</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 3,676,809
Separate accounts measured at NAV				<u>2,710,396</u>
Total investments, at fair value				<u>\$ 6,387,205</u>

The following table presents the category, fair value, redemption frequency, and redemption notice period for the Plan's investments and respective fair values of which are estimated using the NAV per share as a practical expedient, as of December 31:

	<u>Fair Value</u>		<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
	<u>2024</u>	<u>2023</u>		
Separate accounts:				
Large cap value funds (a)	\$ 883,896	\$ 810,507	Daily	Daily
Equity/debt securities funds (b)	751,808	786,042	Daily	Daily
Specialty funds (c)	250,190	208,213	Daily	Daily
Large cap growth funds (d)	238,645	269,590	Daily	Daily
International funds (e)	177,478	179,921	Daily	Daily
Mid cap growth funds (f)	128,616	104,984	Daily	Daily
Small cap blend funds (g)	85,963	120,570	Daily	Daily
Small cap growth funds (h)	84,417	69,219	Daily	Daily
Bond funds (i)	58,478	61,984	Daily	Daily
Mid cap blend funds (j)	31,126	72,929	Daily	Daily
Moderate allocation balanced funds (k)	<u>29,239</u>	<u>26,437</u>	Daily	Daily
Total separate accounts	<u>\$ 2,719,856</u>	<u>\$ 2,710,396</u>		

- a. These funds seek long-term capital appreciation. The funds primarily invest in common stocks of companies whose value the management believes is not fully recognized by the public. They invest in domestic and foreign issuers. The funds invest in either "growth" stocks or "value" stocks or both. It uses fundamental analysis of factors, such as each issuer's financial condition and industry position, as well as market and economic conditions to select investments.

## WORK, INC. 403(B) PLAN

Notes to Financial Statements  
December 31, 2024 and 2023

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### 4. FAIR VALUE MEASUREMENT (Continued)

- b. These funds seek a high total investment return, consistent with the preservation of capital and with prudent investment risk. The managers pursue an active asset allocation strategy whereby investments are allocated among three asset classes: equity securities, debt instruments, and money market instruments. These funds typically invest at least 50% of its total assets in the common stocks of established U.S. companies with above-average potential for capital growth. The remaining assets are generally invested in other securities, including convertibles, warrants, preferred stocks, corporate and government debt, bank loans and options.
- c. These funds seek to provide total return consistent with an asset allocation targeted at retirement. The managers invest in a combination of underlying funds, which are actively managed funds or passively managed funds (index funds), that invest in U.S. stocks, international stocks, U.S. bonds, and other debt instruments and use an asset allocation strategy designed for investors expecting to retire around the target retirement date.
- d. These funds seek capital growth and income. These funds primarily invest in equity securities, including common stocks, preferred stocks, and securities convertible into common and preferred stocks. Additionally, they typically may invest up to 15% of assets in real estate investment trusts. The managers emphasize a value style of investing; seeking well-established, undervalued companies that offer the potential for capital growth and income. They typically may invest up to 25% of its assets in securities of foreign issuers.
- e. These funds seek to maximize total return through a combination of current income and capital appreciation. These funds normally invest at least 80% of net assets (plus borrowings for investment purposes) in bonds of issuers in a number of different countries, which may include the United States. The managers typically invest primarily in investment-grade securities which include, but are not limited to, corporate and government bonds which, at the time of investment, are rated investment-grade. The managers may invest in securities of issuers located in developed and emerging market countries.
- f. These funds seek long-term capital appreciation. These funds normally invest at least 80% of assets in the equity securities of companies having a market capitalization within the range of companies in the Russell Midcap<sup>®</sup> Growth Index or the S&P MidCap 400 Index. The advisors focus on mid-size companies whose earnings are expected to grow at a rate faster than the average company. The funds may on occasion invest in a stock whose market capitalization is outside of the capitalization range of mid-sized companies or may also lend portfolio securities on a short-term or long-term basis, up to 33 1/3% of assets.
- g. These funds seek capital growth and income. These funds primarily invest in equity securities, including common stocks, preferred stocks and securities convertible into common and preferred stocks. They typically invest up to 25% of total assets in securities of foreign issuers and up to 15% of assets in real estate investment trusts. The funds generally hold up to 10% of assets in high-quality short-term debt securities and investment grade corporate debt securities in order to provide liquidity.
- h. These funds seek capital appreciation. These funds normally invest at least 80% of net assets (plus borrowings for investment purposes) in the securities of small-sized growth companies with market capitalizations of under \$2.5 billion as measured at the time of purchase. Because of the long-term approach, these funds could have a significant percentage of assets invested in securities that have appreciated beyond their original market capitalizations. They sometimes may invest up to 20% in foreign securities, including American Depositary Receipts.

## WORK, INC. 403(B) PLAN

Notes to Financial Statements  
December 31, 2024 and 2023

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### 4. FAIR VALUE MEASUREMENT (Continued)

- i. These funds seek to maximize total return consistent with reasonable risk. The funds normally invest at least 80% of net assets (plus borrowings for investment purposes) in a portfolio of bonds, including but not limited to corporate, government and mortgage bonds, which, at the time of purchase, are rated investment-grade. Although the managers may invest a portion of its assets in high-yield (high risk) debt instruments, they will seek to maintain a minimum average portfolio quality rating of at least investment-grade. Generally, managers maintain a dollar-weighted average duration between three and ten years.
- j. These funds seek to outperform the total return performance of the S&P MidCap 400 Index ("index") while maintaining a market level of risk. These funds normally invest at least 80% of net assets (plus borrowings for investment purposes) in securities of mid-capitalization companies included in the index. Managers attempt to achieve identified investment objectives by overweighting those stocks that they believe will outperform the index, and underweighting (or avoiding altogether) those stocks in the index that they believe will underperform the index.
- k. These funds seek total return consisting of long-term capital appreciation and current income. These funds normally invest at least 80% of its net assets (plus borrowings for investment purposes) in equity and income securities at the time of investment. They seek to achieve identified investment objectives by investing primarily in income-producing equity instruments (including common stocks, preferred stocks, and convertible securities) and investment-grade quality debt securities. These funds typically invest at least 65% of assets in income-producing equity securities and up to 10% of assets in illiquid securities and certain restricted securities.

### 5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all accrued benefits shall be paid to participants in accordance with the provisions of the Plan.

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

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, transactions with investment funds managed and held by the qualified institutions and expenses paid to the Plan's third-party administrator out of plan assets are considered party-in-interest transactions. During 2024, the Plan paid administration fees of \$1,217 to the qualified institutions and third-party administrator.

### 7. TAX STATUS

The Plan Sponsor has obtained an opinion letter dated September 22, 2021, in which the IRS stated that the restated prototype plan document was in compliance with applicable requirements of the IRC. The Plan Administrator timely adopted the restated prototype plan. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is currently being operated in accordance with the IRC.

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

## **WORK, INC. 403(B) PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

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### **8. RISKS AND UNCERTAINTIES**

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

### **9. UNALLOCATED CONTRACTS WITH VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

The Plan has unallocated contracts with Voya. Voya maintains the contributions in a general account. The accounts are credited with participant contributions and investment income and charged for participant withdrawals and administrative expenses. The unallocated contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The unallocated contracts are fully benefit-responsive and reported at contract value. Contract value, as reported by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal of all or a portion of their investment at contract value. The contracts limit the percentage of the investment for periodic elective transfers to variable investments within the Plan during any twelve-month period.

The contracts are guaranteed against loss of principal, minus all withdrawals, including charges and adjustments. The guarantee is based on the ability of Voya to meet its financial obligations from their respective general assets. There are no reserves against contract values for credit risk of the contract issuer or otherwise. The crediting interest rates are based on a formula agreed upon with the issuer, but it may not be less than three percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The unallocated contracts do not permit Voya to terminate the agreement prior to the scheduled maturity date without an early termination fee.

**WORK, INC. 403(B) PLAN**  
**(PLAN NO. 002, FEDERAL I.D. #23-7100726)**

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

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
**	Voya T. Rowe Price Capital Appreciation Portfolio - Srv	Separate Account	*	\$ 697,030
**	Fidelity Freedom Index 2035 IPR	Mutual Fund	*	591,122
**	Fidelity VIP Contrafund Portfolio - I	Separate Account	*	568,619
**	Fidelity Government Cash Reserve	Money Market Fund	*	519,603
**	Voya Short Term Guaranteed Accumulation Account	Unallocated Contract	*	474,805
**	Fidelity Freedom 2040	Mutual Fund	*	448,354
**	Voya Fixed Plus Account II	Unallocated Contract	*	443,616
**	Fidelity Freedom 2025	Mutual Fund	*	327,648
**	Voya Solution 2035 Portfolio - Srv	Separate Account	*	188,016
**	Fidelity Freedom 2035	Mutual Fund	*	169,401
**	Fidelity Freedom 2030	Mutual Fund	*	156,906
**	Voya Fixed Account (4550)	Unallocated Contract	*	154,419
**	Fidelity Dividend Growth	Mutual Fund	*	135,615
**	Fidelity Blue Chip Growth	Mutual Fund	*	133,859
**	Fidelity 500 Index	Mutual Fund	*	121,515
**	American Funds Growth Fund R4	Separate Account	*	109,209
**	Voya T. Rowe Price Growth Equity Portfolio - Initial Class	Separate Account	*	92,952
**	Fidelity Freedom 2045	Mutual Fund	*	85,467
**	Voya JPMorgan Mid Cap Value Portfolio - Srv	Separate Account	*	79,360
**	American Funds EuroPacific R4	Separate Account	*	78,770
**	Voya Index Plus Large Cap Portfolio - Class I	Separate Account	*	77,977
**	Fidelity Contrafund	Mutual Fund	*	74,132
**	American Funds Wash Mutual R4	Separate Account	*	71,969
**	Fidelity Asset Manager 70%	Mutual Fund	*	69,044
**	Voya Invesco Comstock Portfolio - Srv	Separate Account	*	68,905
**	Voya Small Cap Opportunities Prt I	Separate Account	*	66,340
**	Fidelity Growth Company	Mutual Fund	*	60,751
**	Voya Global Insights Port Init	Separate Account	*	60,719
**	Fidelity Contrafund	Mutual Fund	*	57,414
**	Fidelity Select Semiconduct	Mutual Fund	*	50,307
**	Fidelity Capital Appreciation	Mutual Fund	*	45,746
**	Fidelity Equity Diversified Income	Mutual Fund	*	45,514
**	Voya T. Rowe Price Diversified Mid Cap Growth Portfolio I	Separate Account	*	42,390
**	Fidelity VIP Equity-Income Portfolio - I	Separate Account	*	41,614
**	Fidelity Small Cap Index	Mutual Fund	*	39,777
**	Voya Long Term Guaranteed Accumulation Account	Unallocated Contract	*	38,475
**	Fidelity Freedom 2050	Mutual Fund	*	36,627
**	Fidelity Freedom 2020	Mutual Fund	*	35,914
**	Fidelity Select Technology	Mutual Fund	*	35,633
**	American Century Inflation Adjust Bond	Separate Account	*	35,098
**	Fidelity Balanced	Mutual Fund	*	33,183
**	Fidelity Puritan	Mutual Fund	*	29,366
**	Voya Invesco Equity and Income Portfolio I	Separate Account	*	29,239

**WORK, INC. 403(B) PLAN**  
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Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
**	Fidelity OTC Portfolio	Mutual Fund	*	28,945
**	Fidelity Freedom 2010	Mutual Fund	*	26,979
**	Fidelity Blue Chip Value	Mutual Fund	*	26,655
**	Fidelity Government Money Market Premium	Money Market Fund	*	24,791
**	Voya Index Plus Mid Cap Portfolio - Class I	Separate Account	*	24,492
**	Invesco V.I. Core Equity Fund - Series I Shares	Separate Account	*	24,227
**	Fidelity Select Energy	Mutual Fund	*	24,175
**	Voya Small Company Portfolio - Class I	Separate Account	*	24,111
**	Voya Intermediate Bond Portfolio - Class I	Separate Account	*	23,380
**	Franklin Small Cap Value VIP Fund - Class 2	Separate Account	*	22,430
**	Fidelity Trend	Mutual Fund	*	22,183
**	Voya Government Money Market Port I	Separate Account	*	22,172
**	Voya Large Cap Growth Portfolio Inst	Separate Account	*	22,055
**	Janus Henderson Global Research Inst	Mutual Fund	*	21,975
**	Fidelity Diversified International	Mutual Fund	*	21,089
**	Fidelity Mid Cap Value	Mutual Fund	*	20,813
**	Fidelity Select Insurance	Mutual Fund	*	20,122
**	Voya Solution 2055 Portfolio - Srv	Separate Account	*	20,011
**	Fidelity Select Brokerage	Mutual Fund	*	19,963
**	Fidelity VIP Growth Portfolio - Initial Class	Separate Account	*	19,859
**	Fidelity Select Industrial Equipment	Mutual Fund	*	19,793
**	Voya Large Cap Value Port Inst	Separate Account	*	18,141
**	Voya Index Plus Small Cap Portfolio - Class I	Separate Account	*	17,981
**	Voya Solution 2045 Portfolio - Srv	Separate Account	*	17,443
**	Fidelity Capital and Income	Mutual Fund	*	16,661
**	Fidelity NASDAQ Company Index	Mutual Fund	*	15,988
**	Fidelity Disciplined Equity	Mutual Fund	*	15,966
**	Fidelity Select Software	Mutual Fund	*	15,750
**	Fidelity VIP II Asset Manager	Mutual Fund	*	14,040
**	Voya Global Bond Portfolio I	Separate Account	*	13,570
**	Fidelity Worldwide	Mutual Fund	*	13,074
**	Fidelity Freedom 2055	Mutual Fund	*	12,878
**	Fidelity Telecom and Utility	Mutual Fund	*	12,707
**	Fidelity Government Money Market Fund	Money Market Fund	*	12,667
**	Voya International Index Port I	Separate Account	*	12,517
**	Fidelity Growth Discovery Fund	Mutual Fund	*	12,248
**	Fidelity New Millen	Mutual Fund	*	12,230
**	Fidelity Real Estate Investment	Mutual Fund	*	10,822
**	Fidelity Fund	Mutual Fund	*	10,701
**	Allspring Specialized Small Cap Fund	Separate Account	*	10,581
**	Janus Henderson Enterprise Portfolio	Mutual Fund	*	10,342
**	Voya T. Rowe Price Equity Income Portfolio - Srv	Separate Account	*	10,237
**	Fidelity Intermediate Bond	Mutual Fund	*	9,042

**WORK, INC. 403(B) PLAN**  
**(PLAN NO. 002, FEDERAL I.D. #23-7100726)**

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

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
**	Voya Fixed Plus Account (4552)	Unallocated Contract	*	9,009
**	Fidelity VIP Growth	Mutual Fund	*	8,762
**	Fidelity Freedom Index 2040 IPR	Mutual Fund	*	8,430
**	Voya Global Hi Div Low Vol Prtf I	Separate Account	*	8,391
**	Voya Solution 2050 Portfolio - Srv	Separate Account	*	8,287
**	Fidelity Government Income	Mutual Fund	*	7,868
**	Columbia Large Cap Value Inst Cl	Separate Account	*	7,853
**	Fidelity Low Price Stock	Mutual Fund	*	7,602
**	Fidelity Freedom 2015	Mutual Fund	*	7,531
**	Lord Abbet Srs Fund MC St	Separate Account	*	6,913
**	Blackrock Mid-Cap Value Fund IA	Separate Account	*	6,866
**	Ave Maria Rising Dividend Fund	Separate Account	*	6,702
**	Fidelity Select Medical Tech & Dev	Mutual Fund	*	6,525
**	Voya Columbia Small Cap VI II P Srv	Separate Account	*	6,355
**	Macq Small Cap Value A	Separate Account	*	6,168
**	Ariel Fund Inv	Separate Account	*	5,968
**	BNY Mellon Sustainable U.S. Equity	Mutual Fund	*	5,750
**	Voya Solution 2025 Portfolio - Srv	Separate Account	*	5,619
**	Fidelity Growth and Income	Mutual Fund	*	5,443
**	Macq Science and Technology	Separate Account	*	5,410
**	Voya Russell Large Cap Growth Ind Portfolio I	Separate Account	*	5,395
**	Fidelity Value	Mutual Fund	*	5,050
**	Voya American Century Small-Mid Cap Value Port Srv	Separate Account	*	4,771
**	Fidelity Focused Stock	Mutual Fund	*	4,680
**	Voya Russell Large Cap Index Port I	Separate Account	*	4,634
**	Fidelity Select Retailing	Mutual Fund	*	4,204
**	Fidelity Magellan	Mutual Fund	*	3,416
**	Fidelity New Markets Income	Mutual Fund	*	2,767
**	Fidelity Freedom 2060	Mutual Fund	*	2,427
**	Fidelity Emerging Asia	Mutual Fund	*	2,386
**	Fidelity Growth Strategy	Mutual Fund	*	2,334
**	Calvert VP SRI Balanced Portfolio	Separate Account	*	2,262
**	Fidelity VIP Overseas Portfolio - I	Separate Account	*	2,235
**	Fidelity Mid Cap Index	Mutual Fund	*	2,168
**	Fidelity Small Cap Value	Mutual Fund	*	2,091
**	Fidelity Value Strategy	Mutual Fund	*	2,076
**	Loomis Sayles Small Cap VI Fund	Separate Account	*	2,073
**	Fidelity Emerging Markets	Mutual Fund	*	1,899
**	Voya Solution 2040 Portfolio - Srv	Separate Account	*	1,892
**	Fidelity International Small Cap	Mutual Fund	*	1,886
**	Invesco VI American Franchise Fund I	Separate Account	*	1,794
**	American Funds Fundamental Inv R4	Separate Account	*	1,789
**	Fidelity Asset Manager 60%	Mutual Fund	*	1,765

**WORK, INC. 403(B) PLAN**  
**(PLAN NO. 002, FEDERAL I.D. #23-7100726)**

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

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
**	Fidelity Select Transportation	Mutual Fund	*	1,502
**	Fidelity Freedom Index 2065 IPR	Mutual Fund	*	1,242
**	Fidelity Select Telecom	Mutual Fund	*	1,145
**	Wanger Acorn	Separate Account	*	1,141
**	Fidelity Freedom Index 2050 IPR	Mutual Fund	*	1,070
**	Fidelity Float RT High Incom	Mutual Fund	*	1,040
**	Fidelity Select Biotech	Mutual Fund	*	1,022
**	Fidelity Conservative Income Bond	Mutual Fund	*	1,017
**	Voya Mid Cap Opportunities Portfolio I	Separate Account	*	962
**	Fidelity Natural Resources Fund	Mutual Fund	*	940
**	Voya Solution Conservative Pt I	Separate Account	*	874
**	Invesco Main Street Mid Cap Fund A	Separate Account	*	866
**	Fidelity Equity Income	Mutual Fund	*	764
**	Voya Fixed Plus Account	Unallocated Contract	*	672
**	Voya High Yield Portfolio Ins	Separate Account	*	602
**	Voya Short-Term GAA (2)	Unallocated Contract	*	539
**	Wanger International	Separate Account	*	521
**	Voya Growth and Income Portfolio - Class I	Separate Account	*	513
**	Voya Int'l Hi Div Low Vol Port-in	Separate Account	*	477
**	American Funds Smallcap R4	Separate Account	*	319
**	Artisan International Fund Inv	Separate Account	*	319
**	Templeton Global Bond Fund A	Separate Account	*	278
**	Hartford Intl Opport Fund R4	Separate Account	*	158
**	Invesco Developing Markets Fund A	Separate Account	*	35
				\$ 7,723,690

\* The cost of participant-directed investments is not required to be disclosed.

\*\* Party-In-Interest, including separate accounts.

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here: .....

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) \_\_\_\_\_

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here: .....

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan WORK, INC. 403 (B) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 002 <b>1c</b> Effective date of plan 01/01/1999
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  WORK, INC.  25 BEACH STREET  DORCHESTER MA 02122-2734	<b>2b</b> Employer Identification Number (EIN) 23-7100726  <b>2c</b> Plan Sponsor's telephone number 617-691-1505  <b>2d</b> Business code (see instructions) 624310

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

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

SIGN HERE		10/9/25	Eric Silberzweig
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	470
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b>	445
	<b>6a(2)</b>	445
	<b>6b</b>	3
	<b>6c</b>	20
	<b>6d</b>	468
	<b>6e</b>	2
	<b>6f</b>	470
	<b>6g(1)</b>	152
<b>6g(2)</b>	155	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2G 2L 2M 3D 3H

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

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

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

**b General Schedules**

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

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

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

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

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

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

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

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Work, Inc. 403(b) Plan				
23-7100726 / 002				
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Plan Year				
December 31, 2024				
(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including Mat.Date, Rate of Interest, Collateral, Par or Maturity Date	Cost	Current Value
**	Allspg Spec SmCp VI Fd A	Pooled separate account	*	10,581
**	AmCen Infl-Adj Bond Fnd Inv	Pooled separate account	*	35,098
**	American Funds EuroPacific R4	Pooled separate account	*	78,770
**	American Funds Fdmntl Inv R4	Pooled separate account	*	1,789
**	American Funds Growth Fnd R4	Pooled separate account	*	109,208
	American Funds SMALLCAP 4r	Pooled separate account	*	319
**	American Funds Wash Mutual R4	Pooled separate account	*	71,969
**	Ariel Fund Inv	Pooled separate account	*	5,968
	Artisan International Fund Inv	Pooled separate account	*	319
**	Ave Maria Rising Dividend Fund	Pooled separate account	*	6,702
**	BlkRck Md-Cp Value Fnd IA	Pooled separate account	*	6,866
**	Calvert VP SRI Balanced Port	Pooled separate account	*	2,261
**	Columbia Large Cap Value Inst Cl	Pooled separate account	*	7,853
	Fidelity VIP Contrafund Pt 1	Pooled separate account	*	568,619
**	Fidelity VIP Equity Inc. Prt 1	Mutual Fund	*	41,614
**	Fidelity VIP Growth Port I	Mutual Fund	*	19,859
**	Fidelity VIP Overseas Prt I	Pooled separate account	*	2,235
**	Franklin Small Cap Val VIP 2	Pooled separate account	*	22,429
	Hrtford Int'l Opport Fund R4	Mutual Fund	*	158
**	Inv Dev Mrkts Fd A	Pooled separate account	*	35
**	Inv Main Street MC Fd A	Pooled separate account	*	866
**	Invesco VI Amr Franchise Fd I	Pooled separate account	*	1,793
**	Invesco VI Core Eqty Fund SI	Pooled separate account	*	24,227
**	Loomis Sayles SmCp VI Fnd Ret	Pooled separate account	*	2,073
**	Lord Abbett Srs Fd MC St Pt VC	Pooled separate account	*	6,913
**	Macq Science & Technology		*	5,410
**	Macq Small Cap Value A		*	6,168
**	Templeton Global Bond Fund A	Pooled separate account	*	278
**	VY AmCen Sm-MdCp VI Pt Srv	Pooled separate account	*	4,771
**	VY Columbia SmCp VI II P Srv	Pooled separate account	*	6,355
**	VY Invesco Comstock Port Srv	Pooled separate account	*	68,905
**	VY Invesco Eqty & Inc Pt I	Pooled separate account	*	29,238
**	VY JPM MdCp Value Port Srv	Pooled separate account	*	79,360
**	VY TRwPr Cap Apprec Port Srv	Pooled separate account	*	697,030
**	VY TRwPr Divr MdCp Gr Pt I	Pooled separate account	*	42,390
**	VY TRwPr Eqty Income Prt Srv	Pooled separate account	*	10,237
**	VY TRwPr Grw Eqty Pt I	Pooled separate account	*	92,952
**	VoyIntlHiDivLow Vol Port-In	Pooled separate account	*	477
**	Voya Fixed Account (4550)	Unallocated contract	*	154419
**	Voya Fixed Account (4552)	Unallocated contract	*	9009
**	Voya Fixed Plus Account (4564)	Unallocated contract	*	672
**	Voya Fixed Plus Account II A	Unallocated contract	*	443616
**	Voya Glo Hi Div Low Vol Prtf I	Pooled separate account	*	8391
**	Voya Glob Insights Port Init	Pooled separate account	*	60,719
**	Voya Global Bond Port I	Pooled separate account	*	13,570
**	Voya Gov Money Market Port I	Pooled separate account	*	22,172
**	Voya Growth and Income Port I	Pooled separate account	*	513
**	Voya High Yield Port Ins	Pooled separate account	*	602
**	Voya Index Plus LargeCap Prt I	Pooled separate account	*	77,977
**	Voya Index Plus MidCap Prt I	Pooled separate account	*	24,492
**	Voya Index Plus SmallCap Prt I	Pooled separate account	*	17,982
**	Voya Intermediate Bond Prt I	Pooled separate account	*	23,380
**	Voya International Ind Prt I	Pooled separate account	*	12,517
**	Voya Large Cap Growth Prt Ins	Pooled separate account	*	22,055
**	Voya Large Cap Value Port Ins	Pooled separate account	*	18,141
**	Voya Long-Term GAA	Unallocated contract	*	38,475
**	Voya Mid Cap Opport Port I	Pooled separate account	*	962
**	Voya Russell Lcp Gr Ind Prt I	Pooled separate account	*	5,395
**	Voya Russell LgCp Indx Prt I	Pooled separate account	*	4,634

Work, Inc. 403(b) Plan				
23-7100726 / 002				
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December 31, 2024				
(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including Mat.Date, Rate of Interest, Collateral, Par or Maturity Date	Cost	Current Value
**	Voya Short-Term GAA	Unallocated contract	*	474,805
**	Voya Short-Term GAA	Unallocated contract	*	540
**	Voya SmCp Opport Port I	Pooled separate account	*	66,400
**	Voya Small Company Port I	Pooled separate account	*	24,111
**	Voya Solution 2025 Port Srv	Pooled separate account	*	5,619
**	Voya Solution 2035 Port Srv	Pooled separate account	*	188,016
**	Voya Solution 2040 Port Srv	Pooled separate account	*	1,892
**	Voya Solution 2045 Port Srv	Pooled separate account	*	17,442
**	Voya Solution 2050 Port Srv	Pooled separate account	*	8,287
**	Voya Solution 2055 Port Srv	Pooled separate account	*	20,011
**	Voya Solution Conserv Pt I	Pooled separate account	*	818
**	Wanger Acorn	Pooled separate account	*	1,141
**	Wanger International	Pooled separate account	*	521
**	FID FIDELITY FUND	Mutual Fund	*	10,701
**	FID PURITAN	Mutual Fund	*	29,366
**	FID TREND	Mutual Fund	*	22,183
**	FID SEL TEC HARDWARE	Mutual Fund	*	0
**	FID SEL SEMICONDUCT	Mutual Fund	*	50,307
**	FID VALUE STRAT	Mutual Fund	*	2,076
**	FID MAGELLAN	Mutual Fund	*	3,416
**	FID CONTRAFUND	Mutual Fund	*	57,414
**	FID EQUITY INC	Mutual Fund	*	764
**	FID GROWTH COMPANY	Mutual Fund	*	60,751
**	FID GROWTH & INC	Mutual Fund	*	5,443
**	FID SEL SOFTWARE	Mutual Fund	*	15,750
**	FID INTERMED BOND	Mutual Fund	*	9,042
**	FID CAPITAL & INCOME	Mutual Fund	*	16,661
**	FID VALUE	Mutual Fund	*	5,050
**	FID SEL BIOTECH	Mutual Fund	*	1,022
**	FID SEL INSURANCE	Mutual Fund	*	20,122
**	FID SEL RETAILING	Mutual Fund	*	4,204
**	FIDELITY GOVT INCOME		*	7,868
**	FID GOV CASH RESERVE		*	519,603
**	FID SEL ENERGY	Mutual Fund	*	24,175
**	FID SEL TECHNOLOGY	Mutual Fund	*	35,633
**	FID SEL BROKERAGE	Mutual Fund	*	19,963
**	FID OTC PORTFOLIO	Mutual Fund	*	28,945
**	FID SEL TELECOMM	Mutual Fund	*	1,145
**	FID NEW MILLEN	Mutual Fund	*	12,230
**	FID REAL ESTATE INVS	Mutual Fund	*	10,822
**	FID BALANCED	Mutual Fund	*	33,183
**	FID CAPITAL APPREC	Mutual Fund	*	45,746
**	FID TELECOM & UTIL	Mutual Fund	*	12,707
**	FID BLUE CHIP GR	Mutual Fund	*	133,859
**	FID DISCIPLND EQTY	Mutual Fund	*	15,966
**	FID LOW PRICED STK	Mutual Fund	*	7,602
**	FID WORLDWIDE	Mutual Fund	*	13,074
**	FID EQ DIV INCOME	Mutual Fund	*	45,514
**	FID ASSET MGR 70%	Mutual Fund	*	69,044
**	FID GROWTH STRAT	Mutual Fund	*	2,334
**	FID DIVERSIFD INTL	Mutual Fund	*	21,089
**	FID DIVIDEND GR	Mutual Fund	*	135,615
**	FID NEW MARKETS INC	Mutual Fund	*	2,767
**	FID FOCUSED STOCK	Mutual Fund	*	4,680
**	FID GROWTH DISC	Mutual Fund	*	12,248
**	FID EMERGING ASIA	Mutual Fund	*	2,386
**	FID SEL MED TECH&DV	Mutual Fund	*	6,525
**	FID GOVT MMKT	Mutual Fund	*	12,667
**	FID SEL TRANSPORT	Mutual Fund	*	1,502

Work, Inc. 403(b) Plan				
23-7100726 / 002				
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Plan Year				
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Party-in-Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including Mat.Date, Rate of Interest, Collateral, Par or Maturity Date	Cost	Current Value
**	FID NATURAL RES	Mutual Fund	*	940
**	FID SEL INDUSTRIALS	Mutual Fund	*	19,793
**	FID MID CAP VALUE	Mutual Fund	*	20,813
**	FID FLOAT RT HI INC	Mutual Fund	*	1,040
**	FID INTL SMALL CAP	Mutual Fund	*	1,886
**	FID BLUE CHIP VALUE	Mutual Fund	*	26,655
**	FID NASDAQ COMP INDX	Mutual Fund	*	15,988
**	FID SMALL CAP VALUE	Mutual Fund	*	2,091
**	FID ASSET MGR 60%	Mutual Fund	*	1,765
**	FID CONSV INC BD	Mutual Fund	*	1,017
**	FID 500 INDEX	Mutual Fund	*	121,515
**	FID MID CAP IDX	Mutual Fund	*	2,168
**	FID SM CAP IDX	Mutual Fund	*	39,777
**	FID EMERG MKTS DISC	Mutual Fund	*	1,899
**	FID GOVT MMRK PRM	Mutual Fund	*	24,791
**	FID FDM IDX 2035 IPR	Mutual Fund	*	591,112
**	FID FDM IDX 2040 IPR	Mutual Fund	*	8,430
**	FID FDM IDX 2050 IPR	Mutual Fund	*	1,070
**	FID FREEDOM 2010 K	Mutual Fund	*	26,979
**	FID FREEDOM 2015 K	Mutual Fund	*	7,531
**	FID FREEDOM 2020 K	Mutual Fund	*	35,914
**	FID FREEDOM 2025 K	Mutual Fund	*	327,648
**	FID FREEDOM 2030 K	Mutual Fund	*	156,906
**	FID FREEDOM 2035 K	Mutual Fund	*	169,401
**	FID FREEDOM 2040 K	Mutual Fund	*	448,354
**	FID FREEDOM 2045 K	Mutual Fund	*	85,467
**	FID FREEDOM 2050 K	Mutual Fund	*	36,627
**	FID FREEDOM 2055 K	Mutual Fund	*	12,878
**	FID FREEDOM 2060 K	Mutual Fund	*	2,427
**	FID FDM IDX 2065 IPR	Mutual Fund	*	1,255
**	Zurich Advantage III - fbo Amaral	Mutual Fund	*	110,147
**	Zurich Advantage III - fbo Masse	Mutual Fund	*	24,853
	Total Investments			<b>\$ 7,723,690</b>
* The cost of participant-directed investments is not required to be disclosed.				
** Party-in-Interest				