

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

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

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

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

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

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

|  |  |
|--|--|
| <p><b>1a</b> Name of plan<br/><u>THRIVE PEO 401(K) PLAN</u></p>  | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>THRIVE PARTNERS, LLC</u></p> <p><u>THRIVE PEO</u><br/><u>2642 E 21ST STREET</u><br/><u>SUITE 170</u><br/><u>TULSA, OK 74114-1345</u></p> | <p><b>1c</b> Effective date of plan<br/><u>02/20/2020</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>84-4818583</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>918-794-2200</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>561300</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2025 | CASSIE MOON  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 768 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 606 |
|   | <b>6a(2)</b>                               | 675 |
|   | <b>6b</b>                                  | 8   |
|   | <b>6c</b>                                  | 122 |
|   | <b>6d</b>                                  | 805 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 805 |
|   | <b>6g(1)</b>                               | 434 |
|   | <b>6g(2)</b>                               | 803 |
| <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:  
 2E 2F 2G 2J 2K 2T 2V 3D

**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 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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|   |  |   |
|---|--|---|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|---|

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

|   |   |  |
|---|---|--|
| <p><b>A</b> Name of plan<br/><span style="color: blue;">THRIVE PEO 401(K) PLAN</span></p>                                       | <p><b>B</b> Three-digit plan number (PN) ▶</p>  | <p><span style="color: blue;">001</span></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><span style="color: blue;">THRIVE PARTNERS, LLC</span></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><span style="color: blue;">84-4818583</span></p> |  |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
TRANSAMERICA LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 36-6071399 | 70688         | 932578-000                            | 803   | 01/01/2024              | 12/31/2024 |

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

|  |   |
|--|---|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">0</p> | <p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">41003</p> |
|--|---|

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

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

NOVA 401(K) ASSOCIATES  
10777 NW FREEWAY  
SUITE 440  
HOUSTON, TX 77092

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 0   | 41003                           | TPA FEES    | 5                     |

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |          |          |
|--|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 6454251  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 46480356 |

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 962848

|  |              |        |
|--|--------------|--------|
| <b>c</b> Additions: (1) Contributions deposited during the year .....        | <b>7c(1)</b> | 187340 |
|  | <b>7c(2)</b> | 0      |
|  | <b>7c(3)</b> | 20307  |
|  | <b>7c(4)</b> | 439625 |
|  | <b>7c(5)</b> | 712656 |
| ▶ CONVERSION ASSETS, EBA CREDITS, FORFEITURES, LOAN INTEREST, LOAN PRINCIPAL |              |        |

(6) Total additions ..... **7c(6)** 1359928

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 2322776

**e** Deductions:

|   |              |        |
|---|--------------|--------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 251279 |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> | 4003   |
| (3) Transferred to separate account .....                                 | <b>7e(3)</b> | 601448 |
| (4) Other (specify below).....  | <b>7e(4)</b> | 142903 |

▶ ADMIN FEE, EBA WITHDRAWALS, FORFEITURES, DISTRIBUTION FEE, LOAN FEES, LOAN ISSUED, ADVICE FEE, TPA FEES

(5) Total deductions ..... **7e(5)** 999633

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1323143

**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>    |
| <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>    |
| (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> |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 |              | <b>9c(2)</b>    |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 |              | <b>9d(1)</b>    |
| (2) Claim reserves .....   |                 |              | <b>9d(2)</b>    |
| (3) Other reserves .....   |                 |              | <b>9d(3)</b>    |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   |                 |              | <b>9e</b>       |

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>THRIVE PEO 401(K) PLAN</b>                                       | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THRIVE PARTNERS, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>84-4818583</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

**TRANSAMERICA FINANCIAL LIFE INSURAN**

**36-6071399**

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

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

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

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

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

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

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

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

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**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)

NOVA 401(K) ASSOCIATES LP

20-1181458

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 37 64               | RECORDKEEPER  | 34785  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 1037  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

KESTRA ADVISORY SERVICES LLC

35-2552359

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27                     | INVESTMENT ADVISORY   | 60768  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

TRANSAMERICA LIFE INSURANCE COMPANY

36-6071399

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 37 52<br>62 64 67   | RECORDKEEPER  | 130778   | 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"/>                          |

**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)

GRANT MILLMAN & JOHNSON PC

38-2555519

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | AUDITOR   | 20125  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

RELATION WEALTH MANAGEMENT INC

93-4617010

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27                     | INVESTMENT ADVISORY - PLA   | 48103  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| NOVA 401(K) ASSOCIATES LP   | 15 37 64   | 1037                                      |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| TRANSAMERICA FINANCIAL LIFE INSURAN<br><br>36-6071399               | THIRD PARTY ADMINISTRATION   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|   |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|   |  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|   |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|   |  |   |

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

|  |   |
|--|---|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> |   |
| <b>A</b> Name of plan<br><u>THRIVE PEO 401(K) PLAN</u>   | <b>B</b> Three-digit plan number (PN) <span style="float:right">▶</span> <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>THRIVE PARTNERS, LLC</u>      | <b>D</b> Employer Identification Number (EIN)<br><u>84-4818583</u>                  |

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

|   |                               |  |
|---|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS MD CAP VAL RET ACCT</u>               |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u> |                               |  |
| <b>c</b> EIN-PN <u>36-6071399-709</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>894499</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN LRG CAP GR RET ACCT</u>          |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u> |                               |  |
| <b>c</b> EIN-PN <u>36-6071399-580</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>2425123</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK CORE BOND RET ACCT</u>          |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u> |                               |  |
| <b>c</b> EIN-PN <u>83-1098532-196</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>216615</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AM FUNDS BLNCD RET ACCT</u>               |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u> |                               |  |
| <b>c</b> EIN-PN <u>36-6071399-971</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>335847</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>THORNBURG INTRNTL GR RET ACCT</u>         |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u> |                               |  |
| <b>c</b> EIN-PN <u>36-6071399-602</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>0</u>       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALGER SMALL CAP FOCUS RET ACCT</u>        |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u> |                               |  |
| <b>c</b> EIN-PN <u>83-1098532-092</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>0</u>       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STRT RUSS SM CAP INDX RET</u>       |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u> |                               |  |
| <b>c</b> EIN-PN <u>36-6071399-437</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>283433</u>  |

|  |                        |   |
|--|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP VALUE RET ACCT       |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-957   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1591203 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MACQUARIE MID CAP GROWTH RET ACCT     |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 83-1098532-115   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1056691 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMALL CAP GROWTH RET ACCT    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 83-1098532-387   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95713   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STRT INTERNATNL INDX RET ACCT   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-004   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1263178 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STRT S&P MD CAP INDX RET ACCT   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-438   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 838933  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON GLOBAL EQUITY INCOM   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JANUS HENDERSON                    |                        |   |
| <b>c</b> EIN-PN 83-1098532-466   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82742   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TTL BOND RET ACCT    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 83-1098532-203   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 430008  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TCW METWEST TTL RETURN BND RET ACCT   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-772   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 588554  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AM FUNDS SMALLCAP WORLD RET ACCT      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-077   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AM FUNDS NEW PERSPECTIVE RET ACCT     |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-255   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1450226 |

|  |                        |   |
|--|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NEUBRGR BERMAN STRATGC INCOME RET     |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-952   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132038  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDRSON GLOBAL RESRCH RET      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 83-1098532-116   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 670935  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VNGRD TTL STCK MKT INDX RET ACCT   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-166   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4059117 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTL DIVERSIFICATION RET ACCT     |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 83-1098532-123   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 321653  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST RSSELL SM CAP VAL INDX RET   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-355   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1019    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLCKRCK ADVTGE SM CAP CORE RET ACCT   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 83-1098532-195   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 710376  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GLDMAN SACHS INTL SM CP INSGHTS RET   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 83-1098532-106   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183036  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICARETONTRK 2010 AMER FDS    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-684   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12237   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICARETONTRK 2015 AMER FDS    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-685   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47209   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICARETONTRK 2020 AMER FDS    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO |                        |   |
| <b>c</b> EIN-PN 36-6071399-686   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 513410  |

|  |  |   |
|--|--|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICARETONTRK 2025 AMER FDS</a>    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INS CO</a> |  |   |
| <b>c</b> EIN-PN <a href="#">36-6071399-687</a>   | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">3979880</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICARETONTRK 2030 AMER FDS</a>    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INS CO</a> |  |   |
| <b>c</b> EIN-PN <a href="#">36-6071399-688</a>   | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">6445648</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICARETONTRK 2035 AMER FDS</a>    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INS CO</a> |  |   |
| <b>c</b> EIN-PN <a href="#">36-6071399-689</a>   | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">4867002</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICARETONTRK 2040 AMER FDS</a>    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INS CO</a> |  |   |
| <b>c</b> EIN-PN <a href="#">36-6071399-690</a>   | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">3489726</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICARETONTRK 2045 AMER FDS</a>    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INS CO</a> |  |   |
| <b>c</b> EIN-PN <a href="#">36-6071399-691</a>   | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">3411112</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICARETONTRK 2050 AMER FDS</a>    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INS CO</a> |  |   |
| <b>c</b> EIN-PN <a href="#">36-6071399-692</a>   | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">3361256</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICARETONTRK 2055 AMER FDS</a>    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INS CO</a> |  |   |
| <b>c</b> EIN-PN <a href="#">36-6071399-693</a>   | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1423217</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICARETONTRK 2060 AMER FDS</a>    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INS CO</a> |  |   |
| <b>c</b> EIN-PN <a href="#">36-6071399-817</a>   | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">654002</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">STATE ST PRTN SERIES TA CONSER</a>        |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INS CO</a> |  |   |
| <b>c</b> EIN-PN <a href="#">36-6071399-501</a>   | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">9107</a>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">DFA INFLTN-PROTECT SECURITIES PORT</a>    |  |   |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA FINANCIAL LIFE INS CO</a> |  |   |
| <b>c</b> EIN-PN <a href="#">36-6071399-526</a>   | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">292569</a>  |





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|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><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<br><b>THRIVE PEO 401(K) PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THRIVE PARTNERS, LLC</b>             | <b>D</b> Employer Identification Number (EIN)<br><b>84-4818583</b> |

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

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    |                       | 71010           |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 21621                 | 669331          |
| <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>   | 17809570              | 46480356        |
| <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>   | 962848                |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       | 1323143         |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       | 6454251         |

| <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>    | 18794039              | 54998091        |
| <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>    |                       |                 |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 18794039              | 54998091        |

**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> | 1827174    |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 3756887    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 1017118    |           |
| (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>    |            | 6601179   |
| <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> | 0          |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 42431      |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 20308      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 62739     |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 0          |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            | 0         |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 0          |           |
| <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> | 0          |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 0          |           |
| <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)      | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      | 4623185   |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)      | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)      | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10)     |           |
| <b>c</b> Other income .....   | 2c         | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d         | 11287103  |

**Expenses**

|   |        |         |
|---|--------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 4799509 |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2)  | 0       |
| (3) Other .....   | 2e(3)  | 0       |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  | 4799509 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     | 19140   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     | 0       |
| <b>h</b> Interest expense .....   | 2h     | 0       |
| <b>i</b> Administrative expenses:   |        |         |
| (1) Salaries and allowances .....   | 2i(1)  | 0       |
| (2) Contract administrator fees .....   | 2i(2)  | 0       |
| (3) Recordkeeping fees .....  | 2i(3)  | 272788  |
| (4) IQPA audit fees .....   | 2i(4)  | 0       |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 0       |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 0       |
| (7) Actuarial fees .....  | 2i(7)  | 0       |
| (8) Legal fees .....  | 2i(8)  | 0       |
| (9) Valuation/appraisal fees .....  | 2i(9)  | 0       |
| (10) Other trustee fees and expenses .....  | 2i(10) | 0       |
| (11) Other expenses .....   | 2i(11) | 0       |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) | 272788  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     | 5091437 |

**Net Income and Reconciliation**

|   |       |          |
|---|-------|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    | 6195666  |
| <b>l</b> Transfers of assets:                                   |       |          |
| (1) To this plan .....  | 2l(1) | 30008386 |
| (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: **JASON F. CLAUSEN, P.C.**

(2) EIN: **27-4097479**

**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.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 133925 |
| <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.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.  | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

**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) |
|---|---------------------|--------------------|
| YORK ELECTRONIC SYSTEMS, INC. 401(K) PLAN | 73-1287483          | 002                |
|   |                     |                    |
|   |                     |                    |
|   |                     |                    |

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

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>THRIVE PEO 401(K) PLAN</b>                                       | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THRIVE PARTNERS, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>84-4818583</b> |            |

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

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

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

|          |          |
|----------|----------|
| <b>1</b> | <b>0</b> |
|----------|----------|

**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): 36-6071399

**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..... 

|          |  |
|----------|--|
| <b>3</b> |  |
|----------|--|

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702830A.

|  |   |  |
|--|---|--|
| <p><b>SCHEDULE MEP<br/>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> | <p><b>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> | <p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|--|---|--|

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

|  |  |  |
|--|--|--|
| <p><b>A</b> Name of plan<br/><span style="color: blue;">THRIVE PEO 401(K) PLAN</span></p>  | <p><b>B</b> Three-digit Plan number (PN)..... ▶</p>                                  | <p><span style="color: blue;">001</span></p> |
| <p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br/><span style="color: blue;">THRIVE PARTNERS, LLC</span></p> | <p><b>D</b> Administrator's EIN<br/><span style="color: blue;">84-4818583</span></p> |  |

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

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

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

**Part II Participating Employer Information.**

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

|   |   |   |   |
|---|---|---|---|
| <b>2a</b> Name of Participating Employer<br><span style="color: blue;">THRIVE PARTNERS, LLC D/B/A THRIVE PEO</span> | <b>2b</b> EIN<br><span style="color: blue;">84-4818583</span> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><span style="color: blue;">1.63</span> | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><span style="color: blue;">278639</span> |
| <b>2a</b> Name of Participating Employer<br><span style="color: blue;">SCISSORTAIL WEALTH MANAGEMENT</span>         | <b>2b</b> EIN<br><span style="color: blue;">83-2324804</span> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><span style="color: blue;">2.43</span> | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><span style="color: blue;">878227</span> |

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

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

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

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

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

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|------------|--|--|
| ISI ACQUISITION, LLC                                   | 37-1744128 | 1.38   | 141447   |
| KELLY RITCHIE APPRAISAL SERVICES, LLC                  | 83-2324804 | 0.55   | 1196817  |
| SIGNAL FACTORY LLC                                     | 27-2050769 | 3.10   | 1428110  |
| MEDPLAN CREDIT, LLC                                    | 82-4250566 | 0.00   | 12262  |
| BIG ELK ENERGY SYSTEMS, LLC                            | 46-2238654 | 4.32   | 2495676  |
| RIVERBAND MARKETING LLC                                | 85-0709696 | 1.67   | 301396   |
| CLEAR-TONE HEARING AID LABORATORIES, INC.              | 73-1225760 | 1.78   | 3343195  |
| AUTO-TURN ACQUISITION, LLC DBA AUTO-TURN MANUFACTURING | 87-3930179 | 1.90   | 1105472  |
| OMNI VALVE COMPANY, LLC                                | 27-4143589 | 7.15   | 5349615  |

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

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|------------|--|--|
| NORTHSTAR PROPERTIES OF OKLAHOMA CITY, LLC | 20-0520290 | 1.75   | 723116   |
| ACHIEVE CAPITAL LLC                        | 85-2360520 | 1.25   | 334961   |
| ELEVATE PEDIATRICS THERAPIES, PC           | 73-1601757 | 3.26   | 2517910  |
| POHLENZ CUCINE MODERNE, LLC                | 26-2985305 | 0.07   | 10765  |
| CHILD ABUSE NETWORK, INC.                  | 73-1325326 | 1.05   | 331233   |
| BANK OF LOCUST GROVE                       | 73-0567250 | 1.70   | 439205   |
| SHAW PIPELINE SERVICES, INC.               | 73-1600537 | 4.11   | 1378509  |
| DOWNTOWN TULSA PARTNERSHIP, INC.           | 86-2858962 | 0.61   | 54456  |
| MALONE'S AEROSPACE HOLDINGS, LLC           | 83-3945984 | 0.59   | 146181   |

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

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|------------|--|--|
| REEDER'S, LLC DBA REEDER'S AUTO & TIRE | 73-1513143 | 1.78   | 138442   |
| BLOSSOM AEROSPACE TEXAS                | 86-3115171 | 0.42   | 0  |
| MALONE'S CNC MACHINING, INC.           | 73-1574723 | 0.90   | 0  |
| ANDERSON & ASSOCIATES LAW FIRM, PLLC   | 45-2272060 | 0.27   | 139798   |
| SUPERIOR MIDSTREAM, LLC                | 20-1541158 | 21.96  | 10210455   |
| MODOC TRIBAL ENTERPRISES AUTHORITY     | 84-2753431 | 0.22   | 11720372   |
| EAGLE TG, LLC                          | 45-4419855 | 6.29   | 0  |
| RED CEDAR TG-MTE, LLC                  | 47-4169031 | 8.08   | 0  |
| WALGA MTE, LLC                         | 47-5157634 | 1.13   | 0  |

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

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer       | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|---|------------|--|--|
| THE ARCLIGHT GROUP, LLC                 | 26-3776515 | 1.26   | 77478  |
| THE CENTER FOR HOUSING SOLUTIONS, INC.  | 84-4733422 | 0.63   | 275634   |
| TAHKOX E2 LLC                           | 47-2687617 | 0.32   | 16750  |
| PRESTON-EASTIN, INC.                    | 73-1572699 | 3.91   | 1822465  |
| ASAP HEATING AND AIR INC                | 20-1406052 | 3.52   | 887554   |
| EAGLEVIEW SOLUTIONS, LLC                | 92-3661771 | 1.49   | 619306   |
| CHISHOLM OIL AND GAS MANAGEMENT II, LLC | 84-2458174 | 7.50   | 99078  |
|   |            |  |  |
|   |            |  |  |

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

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

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

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

ACK ID \_\_\_\_\_

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THRIVE PEO 401(K)  
PLAN

## **Audited Financial Statements**

For the year ended  
December 31, 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of  
the Thrive PEO 401(k) Plan

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

We have performed audit of the financial statements of Thrive PEO 401(k) 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 audit of Thrive PEO 401(k) 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 audit need not extend to any statements or information related to assets held for investment of the plan 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.

Management has obtained certifications from a qualified institution 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 audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

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

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Thrive PEO 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is

sufficient and appropriate to provide a basis for our 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 Thrive PEO 401(k) 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 Thrive PEO 401(k) 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 Thrive PEO 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Other Matter—Supplemental Schedules Required by ERISA**

The supplemental schedules of Schedule of Assets (Held for Investment Purposes) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Jason F. Clausen, P.C.*

Fraser, MI

October 15, 2025

**THRIVE PEO 401(K) PLAN**  
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023

|  | <u>2024</u>          | <u>2023</u>         |
|--|----------------------|---------------------|
| <u>ASSETS</u>                                      |                      |                     |
| Investments (At Fair Value)                        |                      |                     |
| Pooled separate accounts                           | \$ 46,480,356        | \$17,809,570        |
| Investments (At Contract Value)                    |                      |                     |
| Unallocated insurance contract                     | 1,323,143            | 962,848             |
| Unallocated insurance contract (At Contract Value) |                      |                     |
| General account contract (takeover assets)         | <u>6,454,251</u>     | <u>-</u>            |
| Total investments                                  | 54,257,750           | 18,772,418          |
| Receivables:                                       |                      |                     |
| Employer contributions                             | 71,010               | -                   |
| Notes receivable from participants                 | <u>669,331</u>       | <u>21,621</u>       |
| Total receivables                                  | <u>740,341</u>       | <u>21,621</u>       |
| Total assets                                       | 54,998,091           | 18,794,039          |
| <u>LIABILITIES</u>                                 |                      |                     |
| Excess contributions payable                       | <u>38,396</u>        | <u>-</u>            |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u>           | <u>\$ 54,959,695</u> | <u>\$18,794,039</u> |

See independent auditor's report and notes to the financial statements

**THRIVE PEO 401(K) PLAN**  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2024

|  | <u>2024</u>          |
|--|----------------------|
| <u>ADDITIONS</u>                               |                      |
| Additions to net assets attributed to:         |                      |
| Investment results:                            |                      |
| Net appreciation in fair value of investments  | \$ 4,623,185         |
| Interest and dividends                         | 20,308               |
| Interest on notes receivable from participants | <u>42,431</u>        |
| Total investment income (loss)                 | 4,685,924            |
| Contributions:                                 |                      |
| Employers                                      | 1,817,791            |
| Participants                                   | 3,727,874            |
| Rollover contributions                         | <u>1,017,118</u>     |
| Total contributions                            | <u>6,562,783</u>     |
| Total additions                                | <u>11,248,707</u>    |
| <u>DEDUCTIONS</u>                              |                      |
| Deductions from net assets attributed to:      |                      |
| Administrative expenses                        | 272,788              |
| Corrective distributions                       | 19,140               |
| Benefits paid to participants                  | <u>4,799,509</u>     |
| Total deductions                               | <u>5,091,437</u>     |
| Increase in net assets                         | 6,157,270            |
| Transfer into plan                             | 30,008,386           |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u>       |                      |
| Beginning of year                              | <u>18,794,039</u>    |
| End of year                                    | <u>\$ 54,959,695</u> |

See independent auditor's report and notes to the financial statements

**THRIVE PEO 401(K) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 1 - DESCRIPTION OF PLAN**

The following description of *Thrive PEO 401(k) Plan* (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

*General*

The Plan is a defined contribution plan sponsored by Thrive Partners, LLC (the "Company"). The Plan is a multiple employer plan and exists for the exclusive benefit of its eligible employees and those employees of the Company's clients who have elected to adopt the provisions of the Plan. The Plan was formed effective February 20, 2020. Participants should refer to the Plan document for a complete description. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

*Eligibility*

The Plan covers all employees, as defined in the Plan, of the adopting employers (the "Employers") who have completed the age and service requirements selected by the Employers in the Adoption Agreement. New employers entering the Plan may initially waive the eligibility requirements for employees employed by the Employers as of the date entering the Plan. Participation occurs after completing each Employers' age and service requirements.

*Contributions*

Each year, participants may elect to contribute from 1% to 98% of their pre-tax compensation, subject to current statutory limits determined annually and prescribed by the Internal Revenue Service. The percentage of contribution may be changed as of any subsequent Plan entry date. Any such change will apply only after its effective date, and after it is executed and filed with the Plan administrator. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan and may change their fund allocation percentages at any time.

Participating employers can elect to make safe harbor contributions to the Plan on the employee's behalf, in which the employee is 100% vested in said contributions. Discretionary employer provided matching contributions may be made to the Plan on the employee's behalf. The match, if any, will be a discretionary percentage of the elective contributions made to the Plan by the employee. The employer will determine the amount of the discretionary matching contribution, or profit-sharing contribution, if any, that will be made to the Plan. Contributions are subject to certain limitations. Such contributions are excluded from the participant's taxable income for federal income tax purposes until received as a withdrawal from the Plan. Total participant contributions in any calendar year are limited to the applicable limit under the Internal Revenue Code Section 402(g). The Plan also provides that certain limitations may be imposed on participants' contributions in order to comply with statutory requirements.

In addition, discretionary employer provided non-elective (profit sharing) contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers, as defined by the Plan.

*Participant Accounts*

Each participant's account is credited with the participant's contributions and allocations of participating employers' contributions, plan earnings, and management and services, when applicable. Allocations are based on participant's qualified compensation or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be

**THRIVE PEO 401(K) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)**

provided from the participant's vested account.

*Vesting*

Participants are immediately vested in their voluntary contributions and employer safe harbor contributions, plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service, based upon a graduating schedule. A participant is vested 20% after two years and 20% for each additional year of service. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan. Each employer may elect to accelerate the vesting parameters or choose a completely different vesting schedule. Participants should refer to the Plan document for a complete description.

To have a year of service for vesting purposes, employees must complete at least 1,000 hours of service during the 12 months beginning on the day they begin employment with their employer. If they do not, they must complete at least 1,000 hours of servicing any Plan year. They complete a year of service only upon working for a full 12 months, regardless of when during the applicable 12-month period they complete 1,000 hours of service.

*Investment Options*

Participants have the right to direct employer and employee contributions to any of the investment options offered by the Plan in 1% increments upon enrollment. The investment options are pooled separate accounts and one unallocated insurance contract. The fund values are computed daily by the custodians and reflect changes in the unit values of the investments. The unallocated insurance contract is stated at contract value and earns interest based on the daily balance and the semi-annual stated interest rate in place.

*Notes Receivable from Participants*

A participant may borrow from the Plan through a loan from their account. Loans will be made on a uniform and non-discriminatory basis. The minimum total loan amount is \$1,000 up to a maximum of 50% of the participant's vested account balance. In no event can the participant borrow more than \$50,000, reduced by the excess, if any, of (1) the highest outstanding balance of any other loans from the Plan during the one-year period prior to the date of the new loan, over (2) the aggregate outstanding balance of any other loans from the Plan on the date of the new loan, or 50% of their vested account balance. Loan terms range from one to five years unless the purpose of the loan is to purchase a primary residence. Participants can only have one loan outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at an agreed-upon percentage based on prevailing market rates. Principal and interest are paid ratably through payroll deductions.

*Payment of Benefits*

Upon termination of service due to death, disability, separation of service or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account, to have the benefits paid in the form of a direct rollover to an individual retirement account, or to have the benefit paid to another qualified retirement plan described in Section 401(a) of the Internal Revenue Service. Also, upon reaching age 59 ½, participants may receive a lump sum cash payment for any portion of their vested accounts on a yearly basis. Withdrawals other than for termination are permitted under certain circumstances provided by the Plan. Until a participant retires from the employment of the participant's employer, the participant shall continue to be treated in all respects as a

**THRIVE PEO 401(K) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)**

participant.

*Hardship Withdrawals*

Participants may withdraw from the Plan part or all of the participant's contributions in the event of undue financial hardship. The maximum hardship withdrawal is the total of a participant's 100% vested balance. The Trustees shall determine what portion of all of such account balance is necessary to alleviate the hardship. SECURE 2.0 provides that, under certain circumstances, employees are permitted to self-certify that (1) they have had an event that constitutes a hardship for purposes of taking a hardship withdrawal, (2) the distribution is not in excess of the amount required to satisfy the financial need, and (3) the employee has no alternative means reasonably available to satisfy the financial need. A financial hardship must be one of the reasons specified below:

1. Medical expense incurred by the participant, the participant's spouse, any dependents of the participant, or any primary beneficiary of the participant;
2. The purchase (excluding mortgage payments) of a principal residence of a participant;
3. Certain educational expenses (tuition, related fees, and room & board) for the participant, his or her spouse, or dependents of the participant;
4. The need to prevent the eviction of the participant from his or her principal residence or foreclosure on the mortgage of his or her principal residence;
5. Funeral or burial expenses for the participant's spouse, children, dependents, or primary beneficiary;
6. Certain expenses to repair damage to the participant's principal residence (casualty-type repairs);
7. Expenses or losses (including loss of income) due to a federally declared disaster; or
8. Other events as may be prescribed by the Internal Revenue Service Commissioner in revenue rulings, notices, and other documents of general applicability.

*Forfeitures*

Participants who terminate their employment and are less than 100% vested in their employer account will forfeit the non-vested portion. Forfeitures are retained in the Plan and shall be used as elected by the employer to either reduce future employer contributions, reduce current period contributions by the employer, or pay any administrative expenses of the Plan. As of December 31, 2024 and December 31, 2023, the balance of forfeited non-vested accounts amounted to \$76,890 and \$25,695, respectively.

*Plan Termination*

Although they have not expressed any intent to do so, the Employers have the right under the Plan to discontinue their contributions at any time, and the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer contributions.

**THRIVE PEO 401(K) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)**

*Tax Status*

The Plan has adopted a prototype plan document whose sponsor has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that prototype plan document was designed in accordance with the applicable sections of the IRC. Although the Plan and the prototype plan document have been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements.

The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in process. The Plan is subject to income tax examinations for the prior three plan years.

The Plan's policy is to recognize penalties and interest in its statement of changes in net assets available for benefits.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Method of Accounting*

The Plan follows the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

*Investment Valuation and Income Recognition*

Investments in shares of registered investment companies are reflected in the financial statements at fair value, using quoted market prices, except for a fully benefit-responsive investment contract, which is reported at contract value.

Unrealized gains or losses, as a result of changes in fair value, are recorded in income of the current period.

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

The change in net unrealized appreciation/depreciation of investments held from the beginning of the Plan year to the end of the Plan year is included with realized gains/losses as net investment income/loss reported in the accompanying statement of changes in net assets available for plan benefits.

**THRIVE PEO 401(K) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

*Contributions*

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

*Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

*Payment of Benefits*

Benefits are recorded when paid.

*Transfers of Plan Assets*

There were transfers of \$30,008,386 and \$3,581,582 into the plan for the years ended December 31, 2024 and 2023, respectively. There were transfers of \$0 and \$1,635,090 out of the plan for the years ended 2024 and 2023, respectively.

*Administrative Expenses*

Certain administrative expenses are paid by the plan sponsor. Management fees, asset fees, and account administrative expenses are paid by the participants.

*Use of Estimates*

The preparation of financial statements in conformity with generally accepted accounting principles in the United States requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**NOTE 3 – FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

*Level 1 Fair Value Measurements*

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

*Level 2 Fair Value Measurements*

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;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by

**THRIVE PEO 401(K) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)**

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 Fair Value Measurements*

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

There have been no changes in valuation methodologies at December 31, 2024, compared to December 31, 2023. The Company's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2 or 3 assets or liabilities during the year ended December 31, 2024.

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

- *Pooled separate accounts*: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

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 believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

| <u>Description</u>       | <u>Fair Value</u>    | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> |
|--------------------------|----------------------|---------------------|----------------|----------------|
| Pooled separate accounts | <u>\$ 46,480,356</u> | <u>\$46,480,356</u> | <u>\$ -</u>    | <u>\$ -</u>    |

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023:

| <u>Description</u>       | <u>Fair Value</u>    | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> |
|--------------------------|----------------------|---------------------|----------------|----------------|
| Pooled separate accounts | <u>\$ 17,809,570</u> | <u>\$17,809,570</u> | <u>\$ -</u>    | <u>\$ -</u>    |

**THRIVE PEO 401(K) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 4 – CONTRACT VALUE INVESTMENTS**

The Plan's investments include the Transamerica Stable Value Core Account, which is considered a fully benefit-responsive investment contracts offered by Transamerica Financial Life Insurance Company (Transamerica). Transamerica maintains the contributions in a general account. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

Because the contract is fully benefit-responsive, contract value is the relevant measurement attribute. The contract is included in the respective statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. As permitted by ASC 820-10-35-54A, investments measured at contract value as a practical expedient are not classified within the fair value. The contract is included in the financial statements at contract value of \$1,323,143 as reported to the Plan by Transamerica.

The Plan's investments include the Transamerica TFLIC Account, which holds unallocated cash by Transamerica Financial Life Insurance Company (Transamerica). Transamerica maintains the balance in a general account valued at contract value. The account is credited with actual earnings on the underlying investments. As permitted by ASC 820-10-35-54A, investments measured at contract value as a practical expedient are not classified within the fair value. The contract is included in the financial statements at contract value of \$6,454,251 as reported to the Plan by Transamerica. See Notes 5 and 7 for additional information.

There are no reserves against contract value for credit risk of the contract issuer or otherwise.

There are no events that allow Transamerica to terminate the contract and which require the Plan to settle at an amount different than contract value, and generally there are no events that could limit the ability of the Plan to transact at contract value.

**NOTE 5 – INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN**

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Transamerica Financial Life Insurance Company, the recordkeeper and custodian of the Plan as of December 31, 2024 and 2023, respectively, have certified to the completeness and accuracy of the following investments included in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023 and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the period from January 1, 2024 to December 31, 2024:

**THRIVE PEO 401(K) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 5 – INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (CONTINUED)**

|  | <u>2024</u>          | <u>2023</u>          |
|--|----------------------|----------------------|
| Statements of net assets available for benefits:     |                      |                      |
| Interest in TransAmerica<br>Financial Life Insurance |                      |                      |
| Unallocated insurance contract                       | \$ 1,323,143         | \$ 962,848           |
| Interest in TransAmerica<br>Financial Life Insurance |                      |                      |
| Pooled separate accounts                             | 46,480,356           | 17,809,570           |
| Interest in TransAmerica<br>Financial Life Insurance |                      |                      |
| General account contract                             | <u>6,454,251</u>     | <u>-</u>             |
| Total  | <u>\$ 54,257,750</u> | <u>\$ 18,772,418</u> |

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

**NOTE 6 – TRUST AGREEMENT**

Transamerica Financial Life Insurance Company is the trustee of the Plan. In accordance with the powers and duties of the trustee as designated in the trust agreement, the trustee invests the Plan's assets and the income therefrom for the benefit of the Plan participants. At the employers' discretion, trustee fees may be paid from the Plan's assets.

**NOTE 7 – UNALLOCATED TAKEOVER ASSETS**

On December 26, 2024, a new participating employer joined the Plan and transferred its plan assets into the Plan's trust. In accordance with the Plan's administrative procedures, the transferred assets were initially deposited into the Plan's Advanced Employer Account, a general account used to temporarily hold takeover assets until participant-level investment allocation instructions are received and processed.

As of December 31, 2024, the balance of these unallocated takeover assets held in the Advanced Employer Account still had not been allocated and totaled \$6,454,251. These assets represent amounts to be allocated to participants of the newly joined employer and are fully included in total plan assets in the accompanying financial statements. The Plan's custodian allocates such assets to the applicable participant accounts once detailed participant data and investment elections are provided and verified by the new employer and the Plan's third-party administrator.

**NOTE 8 – RELATED PARTY AND PARTIES IN INTEREST TRANSACTIONS**

Plan investments include pooled separate accounts and an unallocated insurance contract managed by entities related to Transamerica Financial Life Insurance Company, the Plan's

**THRIVE PEO 401(K) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 8 – RELATED PARTY AND PARTIES IN INTEREST TRANSACTIONS  
(CONTINUED)**

trustee. Therefore, these investments qualify as party-in-interest transactions. In addition, Transamerica Retirement Solutions provides recordkeeping services to the Plan and would be considered a party-in-interest. For the year ended December 31, 2024, the plan paid Transamerica for trustee and recordkeeping fees of \$130,778.

The employers participating in the Plan are considered parties-in-interest. The administrative expenses paid by the Plan include plan administration and investment advisory services, and the service providers are considered parties-in-interest.

For the year ended December 31, 2024, Thrive Partners, LLC, the plan sponsor, paid \$6,437 in Plan administrative fees.

Jason F. Clausen, P.C. is the auditing firm for the plan. Fees paid for the audit were paid by the plan.

**NOTE 9 – FIDELITY BOND**

As of December 31, 2024, the plan was covered by a fidelity bond in the amount of \$500,000.

**NOTE 10 - RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with 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 participants' account balances, and the amounts reported in the statements of net assets available for plan benefits.

**NOTE 11 – CONCENTRATION OF CREDIT RISK**

As of December 31, 2024, the Plan had two investments worth more than 10% of net assets available for Plan benefits, Transamerica Retire On Track 2030, 14%, and Transamerica Retire On Track 2035, 11%.

**NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**

The following is a reconciliation of excess contributions payable per the financial statements to the other liabilities per Schedule H of Form 5500 for the year ended December 31, 2024:

|   |    |          |
|---|----|----------|
| Excess contributions payable per financial statements | \$ | 38,396   |
| Less: Excess contributions accrued in 2024            |    | (38,396) |
| Other liabilities per Schedule H of Form 5500         | \$ | <u>-</u> |

**THRIVE PEO 401(K) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**

The following is a reconciliation of participant contributions per the financial statements to participant contributions per Schedule H of Form 5500 for the year ended December 31, 2024:

|   |                     |
|---|---------------------|
| Participant contributions per financial statements    | \$ 3,727,874        |
| Plus: Excess contributions accrued in 2024            | 29,013              |
| Participant contributions per Schedule H of Form 5500 | <u>\$ 3,756,887</u> |

The following is a reconciliation of employer contributions per the financial statements to employer contributions per Schedule H of Form 5500 for the year ended December 31, 2024:

|  |                     |
|--|---------------------|
| Employer contributions per financial statements    | \$ 1,817,791        |
| Plus: Excess contributions accrued in 2024         | 9,383               |
| Employer contributions per Schedule H of Form 5500 | <u>\$ 1,827,174</u> |

The following is a reconciliation of net assets available for benefits per the financial statements to the net assets available for benefits per Schedule H of Form 5500 for the year ended December 31, 2024:

|  |                      |
|--|----------------------|
| Net assets available for plan benefits per financial statements    | \$ 54,959,695        |
| Plus: Excess contributions accrued in 2024 and paid in 2025        | 38,396               |
| Net assets available for plan benefits per Schedule H of Form 5500 | <u>\$ 54,998,091</u> |

**NOTE 13 – SUBSEQUENT EVENTS**

Subsequent to December 31, 2024, the Plan refunded \$38,396 to participants for excess contributions identified through the actual deferral percentage (ADP), actual contribution percentage (ACP), and 402(g) compliance tests for the 2024 Plan year. The related liability was recorded in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2024. The amount was not material to the financial statements.

Subsequent to December 31, 2024, the unallocated takeover assets held in the Plan's Advanced Employer Account were fully allocated to the respective participant accounts of the newly joined employer. The allocation was completed on January 7, 2025.

Effective July 31, 2025, a participating employer, representing approximately \$11.6 million (or 21%) of the Plan's net assets as of December 31, 2024, withdrew from the Plan. The employer's related plan assets were transferred on August 11, 2025, to another qualified plan.

This transaction occurred subsequent to year end and therefore has not been reflected in the accompanying financial statements.

The Plan management has evaluated subsequent events through the date of this report, which is the date the financial statements were available to be issued.

**THRIVE PEO 401(K) PLAN**  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)  
PLAN YEAR ENDED DECEMBER 31, 2024  
EIN: 84-4818583 PN: 001

| a. | b.                              | c.                                    | e.                |
|----|---------------------------------|---------------------------------------|-------------------|
|    | Issuer                          | Description                           | Current Value     |
|    | <b>Pooled separate accounts</b> |                                       |                   |
| *  | Transamerica                    | AMERICAN FUNDS BLNCD                  | \$ 335,847        |
| *  | Transamerica                    | AMERICAN FUNDS NEW PERSPECTIVE        | 1,450,226         |
| *  | Transamerica                    | BLACKROCK ADVANTAGE SMALL CAP CORE    | 710,376           |
| *  | Transamerica                    | BLACKROCK CORE BOND RET ACCT          | 216,615           |
| *  | Transamerica                    | DFA INFL-PROTECTED SECURITIES PORT    | 292,569           |
| *  | Transamerica                    | FIDELITY ADVISOR TOTAL BOND           | 430,007           |
| *  | Transamerica                    | GOLDMAN SACHS INTL SMLL CP INSIGHTS   | 183,036           |
| *  | Transamerica                    | JANUS HENDERSON GLOBAL EQ INCOME      | 82,742            |
| *  | Transamerica                    | JANUS HENDERSON GLOBAL RESEARCH       | 670,935           |
| *  | Transamerica                    | JPMORGAN LRG CAP GR RET ACCT          | 2,425,123         |
| *  | Transamerica                    | JPMORGAN SMALL CAP GROWTH             | 95,713            |
| *  | Transamerica                    | MACQUARIE MID CAP GROWTH              | 1,056,691         |
| *  | Transamerica                    | MFS INTERNATIONAL DIVERSIFICATION     | 321,653           |
| *  | Transamerica                    | MFS MD CAP VAL RET ACCT               | 894,499           |
| *  | Transamerica                    | NEUBERGER BERMAN STRATGC INCOME       | 132,038           |
| *  | Transamerica                    | PUTNAM LARGE CAP VALUE RET ACCT       | 1,591,203         |
| *  | Transamerica                    | STATE ST PRTN SERIES WITH TA CONS     | 9,107             |
| *  | Transamerica                    | STATE STREET INTERNATNL INDEX         | 1,263,178         |
| *  | Transamerica                    | STATE STREET RUSSELL SM CAP INDEX     | 283,433           |
| *  | Transamerica                    | STATE STREET RUSSELL SM CAP VAL INDEX | 1,019             |
| *  | Transamerica                    | STATE STREET S&P MD CAP INDX          | 838,933           |
| *  | Transamerica                    | TA VANGUARD TOTAL STCK MRKT INDEX     | 4,059,117         |
| *  | Transamerica                    | TCW METWEST TOTAL RETURN BND          | 588,554           |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2065             | 343,043           |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2010             | 12,237            |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2015             | 47,209            |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2020             | 513,410           |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2025             | 3,979,880         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2030             | 6,445,648         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2035             | 4,867,002         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2040             | 3,489,726         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2045             | 3,411,112         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2050             | 3,361,256         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2055             | 1,423,217         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2060             | 654,002           |
|    | Total pooled separate accounts  |                                       | 46,480,356        |
| *  | Transamerica                    | <b>Stable Value Core Account</b>      | 1,323,143         |
| *  | Transamerica                    | <b>TFLIC Stable Account</b>           | 6,454,251         |
|    | Total investments               |                                       | <u>54,257,750</u> |
| *  | Participant Loans               | 4.25% - 10.50%                        | <u>669,331</u>    |

\* Represents party-in-interest with respect to the Plan.

See independent auditor's report and notes to the financial statements

**THRIVE PEO 401(K) PLAN**

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

PLAN YEAR ENDED DECEMBER 31, 2024

EIN: 84-4818583 PN: 001

| Participant Contributions Transferred Late to Plan           | Total that Constitutes Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--|--|--------------------------------------|--|--|
| Check here if Late Participant Loan Repayments are included: | Contributions Not Corrected                              | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |  |
| \$ 133,925   | \$ -   | \$ 133,925                           | \$ -                                     | \$ -   |

See independent auditor's report and notes to the financial statements

**THRIVE PEO 401(K) PLAN**  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)  
PLAN YEAR ENDED DECEMBER 31, 2024  
EIN: 84-4818583 PN: 001

| a. | b.                              | c.                                    | e.                |
|----|---------------------------------|---------------------------------------|-------------------|
|    | Issuer                          | Description                           | Current Value     |
|    | <b>Pooled separate accounts</b> |                                       |                   |
| *  | Transamerica                    | AMERICAN FUNDS BLNCD                  | \$ 335,847        |
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| *  | Transamerica                    | GOLDMAN SACHS INTL SMLL CP INSIGHTS   | 183,036           |
| *  | Transamerica                    | JANUS HENDERSON GLOBAL EQ INCOME      | 82,742            |
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| *  | Transamerica                    | JPMORGAN LRG CAP GR RET ACCT          | 2,425,123         |
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| *  | Transamerica                    | MFS MD CAP VAL RET ACCT               | 894,499           |
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| *  | Transamerica                    | PUTNAM LARGE CAP VALUE RET ACCT       | 1,591,203         |
| *  | Transamerica                    | STATE ST PRTN SERIES WITH TA CONS     | 9,107             |
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| *  | Transamerica                    | STATE STREET S&P MD CAP INDX          | 838,933           |
| *  | Transamerica                    | TA VANGUARD TOTAL STCK MRKT INDEX     | 4,059,117         |
| *  | Transamerica                    | TCW METWEST TOTAL RETURN BND          | 588,554           |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2065             | 343,043           |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2010             | 12,237            |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2015             | 47,209            |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2020             | 513,410           |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2025             | 3,979,880         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2030             | 6,445,648         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2035             | 4,867,002         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2040             | 3,489,726         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2045             | 3,411,112         |
| *  | Transamerica                    | TRANSAMERICARETONTRK 2050             | 3,361,256         |
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|    | Total pooled separate accounts  |                                       | 46,480,356        |
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