

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of 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)

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>EMPOWER HR RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>333</u>
		1c	Effective date of plan <u>01/01/1998</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMPOWER HR, LLC</u> <u>C/O 3(16) FIDUCIARY</u> <u>7927 NEMCO WAY SUITE 200</u> <u>BRIGHTON, MI 48116</u>	2b	Employer Identification Number (EIN) <u>39-1962784</u>
		2c	Plan Sponsor's telephone number <u>847-818-0707</u>
		2d	Business code (see instructions) <u>561300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2021	DONAL K FORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor 3(16) FIDUCIARY SERVICES CORPORATION 6234 OLD HIGHWAY 5 STE D9 #508 WOODSTOCK, GA 30188	3b Administrator's EIN 45-4813650 3c Administrator's telephone number 561-440-2139
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 7169
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 5609 6a(2) 6189 6b 20 6c 1627 6d 7836 6e 0 6f 7836 6g 3645 6h 97
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3H 2S 2A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan EMPOWER HR RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER HR, LLC	D Employer Identification Number (EIN) 39-1962784

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.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL 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	932433	7836	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	62933
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	121749590

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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	33954
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)	57	
	(5) Other (specify below).....	7c(5)	389650	

▶ EBA CREDITS

(6) Total additions	7c(6)	389707
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	423661
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below).....	7e(4)	360728	

▶ 3(16) ADMIN FEE 44,219.54 EBA WITHDRAWAL 174,213.03 FEE FOR SERVICE 142,295.67

(5) Total deductions	7e(5)	360728
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	62933
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan EMPOWER HR RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER HR, LLC	D Employer Identification Number (EIN) 39-1962784	

Part I	Service Provider Information (see instructions)
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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 INS CO
36-6071399

(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)

PINNACLE AN NPPG COMPANY

59-2438373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	150046	Yes ☒ No ☐	Yes ☒ No ☐	1172	Yes ☐ No ☒

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

LPL FINANCIAL CORPORATION

04-3046611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY-PLAN	142296	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

3(16) FIDUCIARY SERVICES

45-4813650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	56936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	30700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOMASEK LAW OFFICE LLC

81-2347682

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	24018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	16607	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

SOUDERS FINANCIAL ADVISORS RIA

82-4561448

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY-PLAN	5016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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
PINNACLE FINANCIAL SERVICES, INC	15 37 64	1172
(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.	
TRANAMERICA FINANCIAL LIFE INS CO. 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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>EMPOWER HR RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>333</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER HR, LLC</u>	D Employer Identification Number (EIN) <u>39-1962784</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD TARGET RETIREMENT 2015</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-356</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD TARGET RETIREMENT 2010</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-134</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS FUNDAMENTAL INVESTOR</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-232</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1512035</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW PERSPECTIVE RET</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-255</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2732868</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW WORLD RET ACCT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-625</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2143426</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK HEALTH SCIENCES OPS RET A</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-365</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1883877</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK HIGH YIELD BOND PORTFOLIO</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-754</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1574671</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HERMES MDT SMALL CAP CORE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-351	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 999755
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE TRUST RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-377	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6917738
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQUITY INCOME RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-579	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2518690
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. EQUITY RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-334	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1594822
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-305	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9709111
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN REAL ESTATE RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-538	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 393894
a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC INTERNATIONAL EQUITY RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-737	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2091208
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-668	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2129804
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER SELECT MID CAP GROWTH RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-738	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3033271
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LARGE CAP VALU		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-171	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1810004

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2117702
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND INDEX RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-416	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2027415
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 801943
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP INDEX RET ACC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2932118
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MARKET INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6718605
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9908827
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10243341
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9475225
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2040 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7460249
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-295	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6156176

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7575868
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3973778
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2060 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-607	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2312819
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RETIREMENT WI

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-417	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7186322
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a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCAMORE ESTABLISHED VALUE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-608	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1814028
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>EMPOWER HR RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER HR, LLC</u>	D Employer Identification Number (EIN) <u>39-1962784</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	711505	564970
(2) Participant contributions.....	1b(2)	400296	339487
(3) Other	1b(3)	886	2915
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	811355	1070243
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	88879916	121749590
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	36440	65420
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	90840398 123792625
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	188380 325668
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	188380 325668
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	90652018 123466957

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3196029
	(B) Participants	2a(1)(B)	11355207
	(C) Others (including rollovers).....	2a(1)(C)	4791316
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	19342552
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	56114
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	56114
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		18964350
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		189780
d Total income. Add all income amounts in column (b) and enter total.....	2d		38552796

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9612221	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	545249	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10157470
f Corrective distributions (see instructions)	2f		325435
g Certain deemed distributions of participant loans (see instructions).....	2g		8497
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	30700	
(2) Contract administrator fees	2i(2)	25593	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	56936	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		113229
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10604631

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		27948165
l Transfers of assets:			
(1) To this plan.....	2l(1)		8131551
(2) From this plan	2l(2)		3264777

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: GRANT, MILLMAN, JOHNSON, P. C.

(2) EIN: 38-2555519

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
EXTENSIS RETIREMENT SAVINGS PLAN/APPBUS, INC	86-1064991	333	
INSPERITY 401(K) PLAN	76-0178498	001	
NATIONAL GIFT CARD 401(K) PLAN	83-1107610	002	
AUXILIATIO 401(K) PLAN	47-2529351	003	
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 _____.			

	Yes	No	Amount
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.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
ASCENDTEK, LLC 401(K) PLAN	38-4122377	003	
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 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan EMPOWER HR RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER HR, LLC		D Employer Identification Number (EIN) 39-1962784
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
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		3
Part II	Funding Information (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.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
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		
Part IV	ESOPs (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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
14c	

- 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:

a The corresponding number for the plan year immediately preceding the current plan year.....

b The corresponding number for the second preceding plan year.....

15a	
15b	

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

a Enter the number of employers who withdrew during the preceding plan year.....

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.....

16a	
16b	

- 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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**EMPOWER HR
RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

DECEMBER 31, 2020

**EMPOWER HR
RETIREMENT SAVINGS PLAN**

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Grant, Millman & Johnson, P.C.

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Empower HR Retirement Savings Plan
Brighton, Michigan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Empower HR Retirement Savings Plan, which comprise the Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Transamerica Financial Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.



Grant, Millman & Johnson, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS ADVISORS

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

GRANT, MILLMAN & JOHNSON, P.C.

Grant, Millman & Johnson, P.C.

September 3, 2021

EMPOWER HR RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS:		
Investments:		
At Fair Value:		
Pooled Separate Accounts	\$ 121,749,590	\$ 88,879,916
Common/Collective Trust Fund	<u>2,486</u>	<u>2,486</u>
Total Investments at Fair Value	121,752,076	88,882,402
At Contract Value:		
Unallocated Insurance Contract	<u>62,933</u>	<u>33,954</u>
Total Investments	<u>121,815,009</u>	<u>88,916,356</u>
Receivables:		
Notes Receivable from Participants	1,070,243	811,355
Participant Contributions	339,487	400,296
Employer Contributions	564,970	711,505
Other	<u>2,916</u>	<u>886</u>
Total Receivables	<u>1,977,616</u>	<u>1,924,042</u>
Total Assets	123,792,625	90,840,398
LIABILITIES:		
Benefits Payable	<u>325,668</u>	<u>188,380</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 123,466,957</u></u>	<u><u>\$ 90,652,018</u></u>

See Notes to Financial Statements

EMPOWER HR RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 18,964,349	\$ 13,091,150
Interest - Notes Receivable from Participants	56,114	35,364
Contributions:		
Participants	11,355,207	8,485,228
Employer	3,211,929	2,503,833
Rollover	4,791,316	2,936,202
Total Contributions	19,358,452	13,925,263
Other Income	21,588	5,915
Total Additions	38,400,503	27,057,692
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	9,673,549	6,344,598
Administrative Expenses	113,229	158,288
Total Deductions	9,786,778	6,502,886
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	28,613,725	20,554,806
TRANSFERS OF ASSETS:		
To This Plan	8,134,126	15,879,757
From This Plan	(3,932,912)	(3,315)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	90,652,018	54,220,770
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 123,466,957</u></u>	<u><u>\$ 90,652,018</u></u>

See Notes to Financial Statements

EMPOWER HR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2020 and 2019

NOTE 1 - Description of the Plan

The following description of the Empower HR Retirement Savings 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 401(k) plan established effective January 1, 1998 and is a multiple employer plan with 114 participating employers as of December 31, 2020. The Plan Administrator maintains all necessary employment records and determines participant eligibility. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA), as amended, and Section 401(k) of the Internal Revenue Code ("IRC"). The trustee of the Plan is Transamerica Financial Life Insurance Company.

Eligibility - The Plan allows each participating employer to choose one of the following eligibility options for participants who have reached twenty-one years of age:

- Immediate
- One year of service
- Any number of months of service not exceeding twelve

Contributions - Participants may contribute up to 100 percent of their earnings to the Plan. They may choose to do this as either a pre-tax deferral, a Roth deferral, or a combination of both. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions representing distributions from other qualified plans. Participating employers may elect to make 401(k) safe harbor, discretionary matching and discretionary profit sharing contributions in accordance with the provisions of the Plan agreement. Participating employer contributions are invested pursuant to the participant's investment elections. Contributions are subject to certain IRC limitations.

Participant Accounts - Each participant's account is credited with the participant's contributions and allocations of (a) the participating employer's contribution (if applicable), (b) Plan earnings, and (c) forfeitures of terminated participants non-vested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their contributions, 401(k) safe harbor contributions and related earnings thereon. Vesting in discretionary employer contributions, and related earnings thereon are based on the following options:

- Immediate
- 100% after three years
- 100% after five years
- 100% after six years

In addition, a participant becomes 100 percent vested upon death, disability or attainment of age 65.

EMPOWER HR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED) December 31, 2020 and 2019

NOTE 1 - Description of the Plan (Continued)

Investment Options - Upon enrollment in the Plan, a participant may direct employee contributions in one percent increments in any of the Plan's 30 investment options. Participants may change their investment options at any time. These options consist of pooled separate accounts that vary in their respective strategies, risks and goals.

Notes Receivable from Participants - The Plan allows participants to borrow up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans must be repaid within five years, except for loans used to purchase the participant's principal residence. The loans are collateralized by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid through payroll deductions.

Payment of Benefits - After separation from service due to termination, death, disability 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, a series of annual installments over a period not to exceed ten years, or the purchase of an annuity contract. While employed, a participant may make in-service and hardship withdrawals in accordance with the Plan's provisions.

Forfeitures - Forfeitures were \$30,174 in 2020 and \$27,253 in 2019. Forfeitures were used to reduce employer contributions by \$16,422 in 2020 and by \$24,558 in 2019. The value of forfeited non-vested accounts totaled \$140,309 at December 31, 2020 and \$102,366 at December 31, 2019. The Plan may use the forfeiture balance to reduce future employer contributions.

SECURE Act and CARES Act - The Plan has implemented certain provisions of the SECURE Act, which was effective January 1, 2020, and the CARES Act, which was signed into law in March 2020. The Plan has until December 31, 2022 to adopt amendments to reflect these provisions.

NOTE 2 - Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan were prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

EMPOWER HR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED) December 31, 2020 and 2019

NOTE 2 - Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition - Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Contributions - Contributions to the Plan from employees and from the participating employers, as defined in the plan, are recorded on an accrual basis.

Notes Receivable from Participants - Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. If a participant ceases to make loan repayments and the plan administrator deems the loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - The Plan's administrative expenses are primarily paid by the Plan sponsor and participating employers, and are excluded from these financial statements. Fees for the administration of notes receivable from participants and processing of benefit payments are charged directly to the participant's account and are included in administrative expenses. Administrative expenses also include fees for professional services provided to the Plan. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events - Management has evaluated events and transactions through September 3, 2021, the date the financial statements were available to be issued.

EMPOWER HR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED) December 31, 2020 and 2019

NOTE 3 - Fair Value Measurements

The following table sets forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2020 and 2019:

	December 31, 2020		
	Level 1	Level 2	Total
Pooled separate accounts	<u>\$34,875,015</u>	<u>\$86,874,575</u>	\$121,749,590
Investments measured at net asset value			<u>2,486</u>
Total assets at fair value			<u>\$121,752,076</u>
	December 31, 2019		
	Level 1	Level 2	Total
Pooled separate accounts	<u>\$26,907,801</u>	<u>\$61,972,115</u>	\$ 88,879,916
Investments measured at net asset value			<u>2,486</u>
Total assets at fair value			<u>\$ 88,882,402</u>

The Plan's investments are reported at fair value in the statements of net assets available for benefits. The methods used to measure fair value may produce an amount 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 to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels which are described below. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

In accordance with Subtopic 820-10, the Wells Fargo Stable Value Fund N, a collective trust sponsored by Wells Fargo Bank, N.A. has been measured at net asset value per share (or its equivalent) and has not been classified in the fair value hierarchy. The fair value amounts presented above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

EMPOWER HR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED) December 31, 2020 and 2019

NOTE 3 - Fair Value Measurements (Continued)

Level 1 Fair Value Measurements

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The fair value of money market and mutual funds is based on quoted net asset values of the shares held by the Plan at year end. The fair value of common stock is based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements

Level 2 inputs consist of quoted prices for similar assets in active and inactive markets and other observable corroborated market data. Level 2 inputs were only used when Level 1 inputs were not available. This includes, but is not limited to, quoted prices for similar assets or liabilities in markets that are not active.

Level 3 Fair Value Measurements

Level 3 assets have the lowest priority. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available. The Level 3 fair value measurement is based on other unobservable inputs. The Plan did not have any assets utilizing Level 3 inputs at December 31, 2020 and 2019.

Gains and losses included in statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019 are reported in net appreciation in fair value of assets.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2020 and 2019 there were no significant transfers between Levels 1 and 2.

NOTE 4 - Investments Measured Using the Net Asset Value Per Share Practical Expedient

The Plan's investments include the Wells Fargo Stable Value Fund N, a collective trust sponsored by Wells Fargo Bank, N.A. with a net asset value of \$2,486 at December 31, 2020 and December 31, 2019. There are no participant redemption restrictions for this investment.

EMPOWER HR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED) December 31, 2020 and 2019

NOTE 5 - Net Change in Fair Value of Investments

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$18,964,349 in 2020 and by \$13,091,150 in 2019.

NOTE 6 - Information Certified by Trustee

The following is a summary of certain financial information certified by the trustee as being complete and accurate at December 31:

	<u>2020</u>	<u>2019</u>
Statements of net assets available for benefits:		
Investments:		
Pooled separate accounts	\$121,749,590	\$ 88,879,916
Unallocated insurance contract	62,933	33,954
Common/collective trust fund	<u>2,486</u>	<u>2,486</u>
Total investments	<u>\$121,815,009</u>	<u>\$ 88,916,356</u>
Notes receivable from participants	<u>\$ 1,070,243</u>	<u>\$ 811,355</u>
Statements of changes in net assets available for benefits:		
Net change in fair value of investments	\$ 18,964,349	\$ 13,091,150
Interest on participant loans	\$ 56,114	\$ 35,364

The information summarized above represents assets that were invested by the trustee at December 31, 2020 and 2019.

NOTE 7 - Related Party Transactions

Plan investments include pooled separate accounts managed by entities related to Transamerica Financial Insurance Company, the Plan's trustee. Therefore, these investments qualify as party-in-interest transactions. In addition, Transamerica Retirement Solutions provides recordkeeping services to the Plan. The administrative expenses paid by the Plan include plan administration, investment advisory, legal and audit services. The service providers are considered parties-in-interest.

EMPOWER HR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED) December 31, 2020 and 2019

NOTE 8 - Plan Termination

Although it has not expressed any intent to do so, the sponsor has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions and the administrator shall direct the Plan trustee to distribute to the participants all assets of the Plan, net of any expenses chargeable to the Plan, which will be prorated among the participant accounts.

NOTE 9 - Tax Status

The Internal Revenue Service has determined and informed Plan management by a letter dated March 14, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Management believes that the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and that, therefore, the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administrator has concluded that as of December 31, 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits in progress for any tax periods. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 10 - Risks and Uncertainties

The Plan provides for various investment options whose underlying investment securities include stocks, bonds and fixed income 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 the participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

The COVID-19 outbreak in the United States has caused economic disruption through mandated and voluntary closings of businesses. While the disruption is currently expected to be temporary, the related financial impact, if any, on the Plan's operations and its duration cannot be reasonably estimated at this time.

EMPOWER HR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED) December 31, 2020 and 2019

NOTE 11 - Plan Transfers

During 2020, ten employers elected to participate in the Plan, resulting in the transfer of assets totaling \$8,134,126 from other qualified plans into the Plan, and six employers elected to end their participation in the Plan, resulting in the transfer of assets totaling \$3,932,912 to other qualified plans.

During 2019, twelve employers elected to participate in the Plan, resulting in the transfer of assets totaling \$15,879,757 from other qualified plans into the Plan, and one employer elected to end its participation in the Plan, resulting in the transfer of assets totaling \$3,315 to another qualified plan.

SUPPLEMENTAL INFORMATION

EMPOWER HR RETIREMENT SAVINGS PLAN

SCHEDULE H - LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020
EIN: 36-2700871 PLAN: 333

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost (1)	Current value
*	American Funds Fundamental Investors Ret Acct	Pooled separate account		\$ 1,512,035
*	American Funds New Perspective Ret Acct	Pooled separate account		2,732,868
*	American Funds New World Ret Acct	Pooled separate account		2,143,426
*	BlackRock Health Sciences Ops Ret Acct	Pooled separate account		1,883,877
*	BlackRock High Yield Bond Portfolio Ret Acct	Pooled separate account		1,574,671
*	Federated MDT Small Cap Core Ret Acct	Pooled separate account		999,755
*	Invesco Stable Value Trust Ret Acct	Pooled separate account		6,917,738
*	JPMorgan Equity Income Ret Acct	Pooled separate account		2,518,690
*	JPMorgan U.S. Equity Ret Acct	Pooled separate account		1,594,822
*	Morgan Stanley Growth Ret Acct	Pooled separate account		9,709,111
*	Neuberger Berman Real Estate Ret Acct	Pooled separate account		393,894
*	Parametric International Equity Ret Acct	Pooled separate account		2,091,208
*	PIMCO Income Ret Acct	Pooled separate account		2,129,804
*	Pioneer Select Mid Cap Growth Ret Acct	Pooled separate account		3,033,270
*	State Street Russell Large Cap Value Index Ret Acct	Pooled separate account		1,810,004
*	State Street S&P Mid Cap Index Ret Acct	Pooled separate account		2,117,702
*	State Street U.S. Bond Index Ret Acct	Pooled separate account		2,027,415
*	TA BlackRock Lifepath Index Ret Acct	Pooled separate account		7,186,322
*	TA BlackRock Lifepath Index 2025 Ret Acct	Pooled separate account		9,908,827
*	TA BlackRock Lifepath Index 2030 Ret Acct	Pooled separate account		10,243,341
*	TA BlackRock Lifepath Index 2035 Ret Acct	Pooled separate account		9,475,225
*	TA BlackRock Lifepath Index 2040 Ret Acct	Pooled separate account		7,460,248
*	TA BlackRock Lifepath Index 2045 Ret Acct	Pooled separate account		6,156,176
*	TA BlackRock Lifepath Index 2050 Ret Acct	Pooled separate account		7,575,868
*	TA BlackRock Lifepath Index 2055 Ret Acct	Pooled separate account		3,973,778
*	TA BlackRock Lifepath Index 2060 Ret Acct	Pooled separate account		2,312,819
*	Vanguard Real Estate Index Ret Acct	Pooled separate account		801,943
*	Vanguard Small-Cap Index Ret Acct	Pooled separate account		2,932,118
*	Vanguard Total Stock Market Index Ret Acct	Pooled separate account		6,718,607
*	Victory Sycamore Established Value Ret Acct	Pooled separate account		1,814,028
*	Transamerica Life Insurance Company	Unallocated insurance contract		62,933
	Wells Fargo Stable Value Fund N	Common/collective trust fund		2,486
	TOTAL INVESTMENTS			121,815,009
	Notes receivable from participants	Interest ranging from 3.25% to 8.25%.		1,070,243
TOTAL INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS				\$ 122,885,252

* Denotes party in interest

(1) Cost omitted for participant-directed investments

EMPOWER HR RETIREMENT SAVINGS PLAN

SCHEDULE H - LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020
EIN: 36-2700871 PLAN: 333

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost (1)	Current value
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*	Morgan Stanley Growth Ret Acct	Pooled separate account		9,709,111
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*	Parametric International Equity Ret Acct	Pooled separate account		2,091,208
*	PIMCO Income Ret Acct	Pooled separate account		2,129,804
*	Pioneer Select Mid Cap Growth Ret Acct	Pooled separate account		3,033,270
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*	State Street S&P Mid Cap Index Ret Acct	Pooled separate account		2,117,702
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	Wells Fargo Stable Value Fund N	Common/collective trust fund		2,486
	TOTAL INVESTMENTS			121,815,009
	Notes receivable from participants	Interest ranging from 3.25% to 8.25%.		1,070,243
TOTAL INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS				\$ 122,885,252

* Denotes party in interest

(1) Cost omitted for participant-directed investments

MULTIPLE EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION
 PLAN NAME: EMPOWER HR RETIREMENT SAVINGS PLAN
 EIN: 39-1962784
 PN: 333

NAME OF PARTICIPATING EMPLOYER (a)	EIN (b)	PERCENT OF TOTAL CONTRIBUTIONS (c)
EPH/APPBUS, INC	465339318	0.00%
EPH/AAF LOUISVILLE, LLC D/B/A CARDINAL STATION	263061274	0.00%
EPH/ABCD, INC.	391967028	0.03%
EPH/ADVANCED INVENTORY MANAGEMENT, INC	364392015	1.36%
EPH/AIR RX	473199788	0.00%
EPH/AIR WAVES, LLC	611803793	0.60%
EPH/AMERICAN ASSOCIATION OF SERVICE COORDINATORS	311670185	0.48%
EPH/THE ANSLEY CAPITAL GROUP	582450440	0.00%
EPH/APG GENERAL, INC.	383387556	0.00%
EPH/ARTS NOW	582425381	0.00%
EPH/ASCEDIA, INC.	392004811	1.22%
EPH/AUXILIATIO, LLC.	472529351	0.01%
EPH/AWECOMM TECHNOLOGIES, LLC	383492891	0.62%
EPH/BEST PRACTICE PROFESSIONALS DBA ONESOURCE DOCUMENT MANAG	208384759	1.32%
EPH/BIOGILL NORTH AMERICA, INC.	384020809	0.03%
EPH/BIZLAB, INC.	208007995	3.00%
EPH/BRIGHT DIRECTION DENTAL LLC	842463459	1.78%
EPH/BRUCE KOLTON, M.D., LLC	364408879	0.29%
EPH/BROADHAVEN CAPITAL PARTNERS, LLC	270856899	1.98%
EPH/BUSINESS FITNESS, INC.	721557414	0.20%
EPH/BRIARWOOD COUNTRY CLUB	362374847	0.00%
EPH/CANON	000000383	0.00%
EPH/CAPITAL CONSTRUCTION SERVICES, LLC.	260720252	0.72%
EPH/CAREER STRATEGIES, INC.	616164548	0.00%
EPH/CATSKILL REMEDIAL CONTRACTING SERVICES INC.	383284187	0.33%
EPH/CDM FIELD SERVICES	463552027	0.84%
EPH/CENTRAL OHIO BAG & BURLAP INC.	311237925	0.09%
EPH/CENTARE GROUP, LTD.	391950649	0.00%
EPH/CHICAGO LEARNING EXCHANGE	823445770	0.11%
EPH/CHICAGO CHOP HOUSE	363425814	0.00%
EPH/CONVERGENT COMMERCE GROUP	270770907	0.00%
EPH/CONNECTICUT ELECTRIC INC.	815313895	0.45%
EPH/CONSCIENCE COMMUNITY NETWORK, LLC	900952780	0.03%
EPH/CONTINUUS TECHNOLOGIES	453345723	2.18%
EPH/COLORADO REGIONAL CENTER, LLC	270522269	0.08%
EPH/CENTRAL OHIO SURGICAL INSTITUTE, LLC.	743059062	0.52%
EPH/CORE VISION IT SOLUTIONS, LLC.	200885296	0.00%
EPH/CPL INDUSTRIES, INC.	391099529	0.51%
EPH/CSIG SHARED SERVICES	383860469	14.03%
EPH/CUMULUS FUNDING, INC.	810948748	0.73%
EPH/DENIM SOFTWARE, INC.	850642362	0.29%
EPH/UPCITY (FORMERLY DIYSEO)	800478369	1.37%
EPH/DROP TANK LLC.	453531530	0.47%
EPH/EDUCATION INCITES, LLC.	820904324	0.14%
EPH/ELSER ENTERPRISES, INC.	391399292	0.39%
EPH/ENSPIRE DENTAL PLLC.	205924167	0.73%
EPH/ENVIRO-SAFE CONSULTING, LLC.	010755807	0.98%
EPH/ESC SERVICES, INC.	113683009	0.00%
EPH/ESP GROUP, INC.	391827089	0.58%
EPH/EVERYTHING2GO.COM	203551243	1.46%
EPH/EVOLUTION RISK PARTNERS	823478041	0.61%
EPH/FIRST EQUITY MORTGAGE COMPANY	391976895	0.00%

EPH/FIRST CHOICE LAB GROUP INC.	832835582	0.28%
EPH/THE FIRST TEE OF GREATER CHICAGO	311746890	0.29%
EPH/FORBIDDEN ROOT, A BENEFIT, LLC.	462403919	0.00%
EPH/FORWARD COMMUNITY INVESTMENTS	391815578	0.62%
EPH/FRANKLIN HILL CAPITAL, LLC	843665821	0.17%
EPH/GEDIA MICHIGAN, INC.	811547660	0.85%
EPH/GENERAL MANAGEMENT, INC.	391916672	2.81%
EPH/GLENWOOD ACADEMY	362167087	0.71%
EPH/GO2CALL	364336727	0.00%
EPH/GUNPOWDER INC.	473253005	0.46%
EPH/WAGNER LAW GROUP	391728411	0.00%
EPH/HC OPERATIONS, LLC	472436406	4.06%
EPH/HEALTH CARE CREDIT UNION	390992061	0.03%
EPH/MORTGAGEHIPPO, INC.	455572714	0.38%
EPH/THE IASIS GROUP	200246826	0.00%
EPH/IBIO INSTITUTE	320095255	0.12%
EPH/ILLINOIS BIOTECHNOLOGY IND. ORGANIZATION	364225980	0.08%
EPH/ILLINOIS SCIENCE ENERGY INNOVATION FOUNDATION	455087827	0.70%
EPH/MARKETSOURCE DBA INDIUM	550886694	0.68%
EPH/INTEGRATED HEALTH NETWORK OF WISCONSIN, LLC.	273723856	0.00%
EPH/IRON BLOCK HOLDINGS	391965399	0.18%
EPH/JMC ASSET MANAGEMENT	461204236	0.34%
EPH/KAIZEN HEALTH, INC.	814644959	0.18%
EPH/KEN COOK CO.	390793807	1.13%
EPH/KENSIMUM, LLC	204562275	0.16%
EPH/KENSIMUM SOLUTIONS, LLC	364744655	1.84%
EPH/KENTUCKIANA REGIONAL HEALTH INFORMATICS, INC.	454151226	0.00%
EPH/KMR, LLC.	050609904	0.35%
EPH/LATREC CORPORATION	203905712	0.75%
EPH/LAURUS STRATEGIES RESOURCES, LLC	383886548	0.00%
EPH/LEVERSON & METZ, S.C.	611514597	0.07%
EPH/L&H MERCANTILE, LLC DBA PET SUPPLIES PLUS	562657987	0.05%
EPH/LIVE ANEW, LLC	460801400	0.00%
EPH/LONGSHORE CAPITAL MANAGEMENT	851512307	0.21%
EPH/LSCG MANAGEMENT, INC. DBA LASALLE CAPITAL GROUP	201362689	0.68%
EPH/MARKETING MIRACLES DBA ROCKET CLICKS	800246145	1.01%
EPH/MATRIX IT MEDICAL TRACKING SYSTEM INC.	453713431	0.22%
EPH/METROPOLITAN MEDICAL CENTER, LLC.	202804280	0.18%
EPH/METACYTE BUSINESS LAB, LLC.	161657492	0.00%
EPH/MILWAUKEE CHARTER SCHOOL ADVOCATES	273380786	0.00%
EPH/MILWAUKEE INSTITUTE, INC.	260724304	0.00%
EPH/MILWAUKEE AFF OF SUSAN G. KOMEN BREAST CANCER FOUNDATION	752844639	0.13%
EPH/MIDDLE RIVER POWER, LLC.	320495153	2.94%
EPH/MRR SOFT INC DBA AMLA COMMERCE	464212419	0.93%
EPH/MYSTERY TACKLE BOX INC.	455292487	1.52%
EPH/NGC US LLC. DBA NATIONAL GIFT CARD	831107610	2.10%
EPH/NATIONAL SHOPPING PLAZAS, INC.	362808877	0.29%
EPH/NUCLEUS	263416972	0.00%
EPH/O'DESS & ASSOCIATES, S.C.	870696926	0.23%
EPH/OHIO ORTHOPEDIC SURGERY INSTITUTE, LLC.	431939917	4.44%
EPH/OMELAS, INC.	815353226	0.06%
EPH/OPTTEK DANULAT INC.	391845373	1.38%
EPH/ORLEANS CANTY NOVY, LLC.	813137164	0.69%
EPH/PACK LOGIX LLC	823763040	0.45%
EPH/PARKER RESTAURANT GROUP, LLC.	821191218	0.32%
EPH/PAX HOLDINGS LLC.	472460583	3.52%
EPH/POLICING EQUITY	814945849	0.04%
EPH/PRECISION EYE LLC	832692504	2.37%
EPH/PRISM CAPITAL MANAGEMENT	364282502	0.01%

EPH/PROLITEC, INC.	201013943	1.88%
EPH/PRONTO SOFTWARE, INC.	364736021	0.00%
EPH/REALTY & MORTGAGE BUILDING SERVICE CO.	363989020	0.13%
EPH/AVANTECH TESTING SERVICES, LLC.	462830669	0.42%
EPH/RESOLV, INC.	204055825	0.00%
EPH/RIGHT TOUCH DENTAL	900139132	0.05%
EPH/RIVS.COM INC.DBA INTERVIEW STREAM	452069151	1.65%
EPH/ROCKFORD COMMERCIAL WAREHOUSE, INC.	010703702	0.23%
EPH/SABLIJAK, RAETHER & HOGERTON, INC.	472116651	1.07%
EPH/SAFANDARLEY NORTH AMERICA, LLC.	371780975	0.47%
EPH/SANDS DECKER CPS, LLC	311602569	1.16%
EPH/SCHOBER, BOSTETTER & HEIDEN, S.C.	391943069	0.00%
EPH/SERLIO SOFTWARE DEVELOPMENT	731640392	0.12%
EPH/SHARP LITERACY, INC.	391963963	0.50%
EPH/SIERRA SYSTEMS, INC	364018265	0.01%
EPH/SINODE SYSTEMS, INC	462971717	0.13%
EPH/SITESTUFF, INC.	260407307	0.00%
EPH/SOLA FRANCHISE LLC	364886506	1.65%
EPH/SPRY PUBLISHING, LLC.	454215871	0.12%
EPH/STATEWAY SERVICES LLC	800739271	0.02%
EPH/1 TO 1 CARD	365154856	0.00%
EPH/SUPPLY VISION, INC.	273113477	0.00%
EPH/TEKLYNX AMERICAS, INC.	273891202	1.49%
EPH/TIESTA TEA COMPANY	272523438	0.72%
EPH/TOP DRIVER ACQUISITION, LLC.	300157366	0.75%
EPH/UCP SEGUIN OF GREATER CHICAGO FOUNDATION	464303275	0.21%
EPH/UNIVERSITY OF LOUISVILLE REAL ESTATE FOUNDATION	472373203	0.00%
EPH/VANTAGE POINT LOGISTICS, INC.	462190696	0.93%
EPH/VESTA HOUSING SOLUTIONS, LLC.	472237236	3.37%
EPH/WATERSTONE GROUP, INC.	391787371	0.00%
EPH/WELCOME HOME MORTGAGE, INC.	201889343	0.00%
EPH/WISCONSIN IPA, INC.	820986237	0.05%
EPH/WINCO STAMPING, INC.	390890709	0.59%
EPH/WITZIG FINANCIAL	454371689	0.68%
EPH/WOMENS FUND OF GREATER MILWAUKEE, INC.	203514894	0.00%
EPH/WONDERWARE CENTRAL	200225018	0.00%
		100.00%