

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information										
1a Name of plan NOWCAP OF WYOMING TAX SHELTERED RETIREMENT ANNUITY PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td>002</td> </tr> <tr> <td>1c Effective date of plan</td> <td>06/16/1992</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>83-6006897</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td>307-347-6185</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>813000</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan	06/16/1992	2b Employer Identification Number (EIN)	83-6006897	2c Plan Sponsor's telephone number	307-347-6185	2d Business code (see instructions)	813000
1b Three-digit plan number (PN) ▶	002										
1c Effective date of plan	06/16/1992										
2b Employer Identification Number (EIN)	83-6006897										
2c Plan Sponsor's telephone number	307-347-6185										
2d Business code (see instructions)	813000										
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) NORTHWEST COMMUNITY ACTION PROGRAMS WYOMING, INC. P.O. DRAWER 158 500 15 MILE ROAD WORLAND, WY 82401 WORLAND, WY 82401											

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.	10/09/2023	JULIE MATTIS
	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 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 185
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).		
6a(1) Total number of active participants at the beginning of the plan year		6a(1) 22
6a(2) Total number of active participants at the end of the plan year		6a(2) 22
b Retired or separated participants receiving benefits		6b
c Other retired or separated participants entitled to future benefits.....		6c 161
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 183
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e
f Total. Add lines 6d and 6e		6f 183
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 183
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2R		
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) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan	B Three-digit plan number (PN)	002
NOWCAP OF WYOMING TAX SHELTERED RETIREMENT ANNUITY PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
NORTHWEST COMMUNITY ACTION PROGRAMS WYOMING, INC.	83-6006897	

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
EQUITABLE 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
13-5570651	511	741693, 807676	115	01/01/2022	12/31/2022

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.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
686	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
MARK HANSEN
123 WEST 1ST STREET, SUITE 210
CASPER, WY 82601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
686			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	385186
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2624967

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 ▶

b	Balance at the end of the previous year	7b	388563
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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)	10888	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	10888
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	399451
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13489	
	7e(2)	777	
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	14266
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	385185
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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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan NOWCAP OF WYOMING TAX SHELTERED RETIREMENT ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST COMMUNITY ACTION PROGRAMS WYOMING, INC.	D Employer Identification Number (EIN) 83-6006897	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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?
19 15	CUSTODIAN	15625	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CETERA ADVISOR NETWORKS LLC

200 N PACIFIC COAST HWY STE 1200
EL SEGUNDO, CA 90245-5672

95-3845382

(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	ADVISOR	8437	Yes ☐ No ☐	Yes ☐ No ☐	0	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan NOWCAP OF WYOMING TAX SHELTERED RETIREMENT ANNUITY PLAN	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NORTHWEST COMMUNITY ACTION PROGRAMS WYOMING, INC.	D Employer Identification Number (EIN) 83-6006897	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK MDCAP GR EQ			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	38962
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONR BD Y			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13922
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONR EQ INC Y			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	145015
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2055 TRGTDTRTRMT R6			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40180
a Name of MTIA, CCT, PSA, or 103-12 IE: FNKLN GR ADV			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6917
a Name of MTIA, CCT, PSA, or 103-12 IE: VIC SYC ESTBLSHD VAL I			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6321
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK HI YLD BD PORT K			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13892

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK TTL RTN K		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10474

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMRG MKT COR EQ INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17382

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM LGCAP GR R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14449

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFL PRTCT SEC INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1714

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK STRAT INC OPPI I		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5703

a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLBL BD I		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9012

a Name of MTIA, CCT, PSA, or 103-12 IE: DIAMOND HILL MDCAP I		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8948

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD 500 INDEX FD AS		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49950

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MID-CAP IDX FD AS		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22438

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SM CAP INDX FD AS		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5661

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT EMRG MKT I		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22851
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD DEVL MKT INDX ADML		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4861
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD EXPLR ADML		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4698
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2060 TRGTDTRTRMT R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17421
a Name of MTIA, CCT, PSA, or 103-12 IE: JNSHNDRSN TRITON N		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13114
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGECOX INTL STK I		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18608
a Name of MTIA, CCT, PSA, or 103-12 IE: FED HRMS GOV OBLGTNS PRMR		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101287
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA REALEST SEC		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34269
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TTL RTN BD R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18945
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM EQ INV R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14901

a Name of MTIA, CCT, PSA, or 103-12 IE: NW LOOMIS ALLCAP GR R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16802

a Name of MTIA, CCT, PSA, or 103-12 IE: FID 500 INDX		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30675

a Name of MTIA, CCT, PSA, or 103-12 IE: FID INTL INDX		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15515

a Name of MTIA, CCT, PSA, or 103-12 IE: FID US BD INDX		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17976

a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS GQGPTNRINTLOPPR		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18791

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL GLBL REALEST R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10011

a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS GLBLCORFXDINC		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30852

a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS SMCPVALINSHTS		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13581

a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US SMCAP VAL INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4652

a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS INFL PRTCTSEC INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5412

a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US LGCAP VAL INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16857
a Name of MTIA, CCT, PSA, or 103-12 IE: LEGGM CLRBRDG INTL GR I		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7378
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCOCOMDYREALRTN STRATINST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8459
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HI YLD Z		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120878
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RTN INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13269
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2025 TRGTDTRTRMT R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 475068
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2030 TRGTDTRTRMT R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87551
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2035 TRGTDTRTRMT R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21977
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2040 TRGTDTRTRMT R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22871
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2045 TRGTDTRTRMT R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15122

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2050 TRGTDTRTRMT R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18859

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2015 TRGTDTRTRMT R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2511

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2010 TRGTDTRTRMT R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3759

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2020 TRGTDTRTRMT R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 384065

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER AGGRESSIVE EQUITY		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19228

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ COMMON STOCK INDEX		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73417

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/EQUITY 500 INDEX		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66673

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/SMALL COMPANY INDEX		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12700

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MID-CAP VALUE MANAGED VOL		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8611

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE ALLOCATION		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113202

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA LARGE-CAP VALUE MANAGED VOL		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25414
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/BLACK ROCK BASIC VALUE EQUITY		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10661
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL EQUITY INDEX		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8974
a Name of MTIA, CCT, PSA, or 103-12 IE: CHARTER MULTI-SECTOR BOND		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2043
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/QUALITY BOND PLUS		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MONEY MARKET		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERMEDIATE GOVERNMENT BOND		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 432
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/JP MORGAN VALUE OPPORTUNITIES		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20537
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA GLOBAL EQUITY MANAGED VOL		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 362
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA LARGE-CAP GROWTH MANAGED VOL		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8382

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA INT VAL MANAGED VOL		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 959
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MORGAN STANLEY SMALL CAPGROWTH		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 801
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CAPITAL GUARDIAN RESEARCH		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15963
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/T ROWE PRICE GROWTH STOCK		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16627
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MID CAP INDEX		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6058
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMGR TECHNOLOGY		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10779
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA INT CORE MANAGED VOL		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3328
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/GAMCO SMALL COMPANY		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12929
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA CONSERV-PLUS ALLOCATION		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1809

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/FIDELITY INSTNL AM LRG CAP		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4705
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CLEARBRIDGE LG CAP GRWT ESG		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14261
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS UTILITIES SERIES		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16791
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE-PLUS ALLOCATION		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/OPPENHEIMER GLOBAL		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 329
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 449
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ /EMERGING MARKETS EQTY PLUS		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 774
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/WELLINGTON ENERGY		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1409
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS MID CAP FOC USED GROWTH		
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2394
a Name of MTIA, CCT, PSA, or 103-12 IE: BOA FIXED		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118768

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
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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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>NOWCAP OF WYOMING TAX SHELTERED RETIREMENT ANNUITY PLAN</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHWEST COMMUNITY ACTION PROGRAMS WYOMING, INC.</u>		D Employer Identification Number (EIN) <u>83-6006897</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)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
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)	27399	22377
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3367286	3010153
(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)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3394685	3032530

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3394685	3032530
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	72197	
(B) Participants	2a(1)(B)	112876	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		185073
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)	1375	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1375
(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)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-415194	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-415194

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-228746
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	104479	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		104479
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	28930	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28930
j Total expenses. Add all expense amounts in column (b) and enter total	2j		133409
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-362155
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PORTER, MUIRHEAD, CORNIA & HOWARD

(2) EIN: 83-0220400

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		250000
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		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

NOWCAP OF WYOMING TAX SHELTERED RETIREMENT ANNUITY PLAN

Financial Report

December 31, 2022

and

December 31, 2021



**NOWCAP OF WYOMING
TAX SHELTERED RETIREMENT
ANNUITY PLAN**

Financial Report

December 31, 2022

and

December 31, 2021

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INDEPENDENT AUDITOR'S REPORT

To the Sponsor, Administrator and Participants
Nowcap of Wyoming Tax Sheltered Retirement Annuity Plan
Worland, Wyoming

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

We have performed audits of the financial statements of Nowcap of Wyoming Tax Sheltered Retirement Annuity Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.



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LOCATION: 600 East 1st Street
Casper, WY 82601

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of Nowcap of Wyoming Tax Sheltered Retirement Annuity Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Nowcap of Wyoming Tax Sheltered Retirement Annuity Plan does not have sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 5 to the financial statements, the Nowcap of Wyoming Tax Sheltered Retirement Annuity Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts, custodial accounts, and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of Nowcap of Wyoming Tax Sheltered Retirement Annuity Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Nowcap of Wyoming Tax Sheltered Retirement Annuity Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Part IV, Line 4i - Schedule of Assets as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

Porter, Muirhead, Cornia & Howard

Porter, Muirhead, Cornia & Howard

Certified Public Accountants

Casper, Wyoming

October 9, 2023

Nowcap Of Wyoming Tax Sheltered Retirement Annuity Plan
December 31, 2022 and 2021
Statements of Net Assets Available for Benefits

	<u>2022</u>	<u>2021</u>
ASSETS		
Participant directed plan investments, at fair value	<u>\$ 3,010,153</u>	<u>\$ 3,367,286</u>
Notes receivable from participants	<u>22,377</u>	<u>27,399</u>
Total assets	<u>3,032,530</u>	<u>3,394,685</u>
Net assets available for benefits	<u><u>\$ 3,032,530</u></u>	<u><u>\$ 3,394,685</u></u>

Nowcap Of Wyoming Tax Sheltered Retirement Annuity Plan
Years Ended December 31, 2022 and 2021
Statements of Changes in Net Assets Available for Benefits

	2022	2021
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (426,082)	\$ 345,099
Interest	10,888	11,003
Total investment income (loss)	<u>(415,194)</u>	<u>356,102</u>
Interest income on notes receivable from participants	<u>1,375</u>	<u>1,868</u>
Contributions		
Employer	72,197	72,099
Participant	112,876	104,173
Total contributions	<u>185,073</u>	<u>176,272</u>
Total additions	<u>(228,746)</u>	<u>534,242</u>
Deductions		
Benefits paid to participants	104,479	133,155
Administrative fees	28,930	31,642
Total deductions	<u>133,409</u>	<u>164,797</u>
Net increase (decrease) in net assets available for benefits	(362,155)	369,445
Net assets available for benefits		
Beginning of the year	<u>3,394,685</u>	<u>3,025,240</u>
End of the year	<u><u>\$ 3,032,530</u></u>	<u><u>\$ 3,394,685</u></u>

Note 1. Plan Description

The following description of the NOWCAP of Wyoming Tax Sheltered Retirement Annuity 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 tax sheltered annuity defined contribution Plan covering all full-time employees of Northwest Community Action Program of Wyoming ("the Company") who elect to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees are permitted to contribute starting when they are hired. To become eligible for the employer match the employee must be 21 years of age and completed 1,000 hours of service in a 12-month period. There are two entry dates for the employer match, the first day of the first month of the year and the first day of the seventh month of the year.

Contributions

The employee may elect each year to contribute any percentage of his or her annual gross wages, up to the ERISA permitted limit. The ERISA limit was \$20,500 AND \$19,500 in 2022 and 2021, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan allows participants to make rollover contributions from other qualified plans. The Plan currently offers several pooled separate accounts and variable annuity options for participants. Participants may change their investment options any time throughout the year by contacting their investment representative. The Company contributes 100% of the first 6% of compensation that a participant contributes to the plan.

Participant Accounts

The Plan is a deferred contribution Plan under which separate accounts are established for each participant. Each participant's account is credited with the participant's contributions and the Company's contribution, as well as related investment earnings, net of any allocated administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested amount. The Plan allows individual participants the right to direct all of their contributions and the related employer contributions made on behalf of the individual participant into one or more of several funds as established by the Plan Sponsor.

Notes to the Financial Statements**Note 1. Plan Description (Continued)*****Vesting***

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the portion of their account contributed by the Company is based on years of continuous service. Years of vesting service is a Plan year where you complete at least 1,000 hours of service. Employer contributions currently vest according to the following schedule.

Years Enrolled	Vesting Percentage
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Notes Receivable from Participants

A party-in-interest, which includes a participant or beneficiary, may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at a reasonable fixed rate determined quarterly by the Plan administrator based on prevailing rates.

Payment of Benefits

On termination of service due to death, disability, age 59½, retirement, or termination of service for other reasons, the distribution method depends on the marital status and elections made by the participant. If the participant is married on the date benefits begin, the participant will automatically receive a joint and 50% survivor annuity unless an alternative form of payment is elected. If the participant is unmarried on the date benefits begin, the participant will receive a life annuity. If the participant's benefit in the Plan is less than \$5,000, the benefit is distributed in a lump-sum payment. Participants may waive the annuity benefit and receive a distribution as a single lump-sum payment, a periodic installment over the participant's life expectancy or another annuity form selected by the participant and approved by the Plan administrator. In addition, a participant may receive a distribution on account of hardship if there is an immediate and heavy need related to medical expenses, the purchase of a principal residence, expenses for casualty repairs to your principal residence, expenses to prevent eviction or foreclosure, payment of some tuition and educational expenses or some burial and funeral expenses.

Forfeited Accounts

Generally, a participant who terminates for any reason, other than death, disability or retirement, is entitled only to the vested portion of his/her account. The remainder of the account is forfeited and retained in the Plan to be redistributed to participants or used for administrative expenses. There were no undistributed forfeited non-vested accounts at December 31, 2022 and 2021.

Note 2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

The investments held by the Plan are comprised of a guaranteed interest option account and pooled separate accounts. Investments in pooled separate accounts are valued on a per unit value basis as determined by the Plan trustee, which reflects fair value of the investments comprising the separate funds. Investments in guaranteed interest option accounts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Purchase and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. The classification of investment earnings reported on the financial statements may differ from the classification used for income tax reporting on the Form 5500.

Payment of Benefits

Benefits are recorded when paid.

Directed Investments

The Plan allows individual participants and former participants the right to direct all of their contributions and the related employer contributions made on behalf of the individual participant into one or more of several investment options and funds as established by the Plan Sponsor.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document. No allowance for credit losses was needed or recorded at December 31, 2022 and 2021. Currently, a participant may only have one loan outstanding at any time.

Note 2. Summary of Accounting Policies (Continued)

Expenses

Certain expenses of maintaining the Plan, such as attorney fees for review of the Plan documents and compliance are paid by the Sponsor. Fees related to the notes receivable from participants are charged directly to the participant accounts and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments

Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service in the draft Listing of Required Modifications issued April 4, 2009. The Plan uses a prototype plan document Sponsored by the third party administrator. The Plan will be restated to a pre-approved 403(b) plan document that has received an opinion letter from the IRS. The Plan is required to operate in conformity with the Code to maintain the exclusion from tax for Plan participants. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code.

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 (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administration analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Subsequent Events

The Plan has evaluated subsequent events through October 9, 2023, the date the financial statements were available to be issued.

Note 3. Certified Information

Certain information related to investments and notes receivable from participants disclosed in the accompany financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, interest, dividends, and interest income on notes receivable from participants for the years ended December 31, 2022 and 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Equitable Financial Life Insurance Company and Nationwide Trust Company (the custodians of the Plan).

Notes to the Financial Statements**Note 3. Certified Information (Continued)**

The following table presents the Plan's certified information.

	2022	2021
Certified by Nationwide Trust Company		
Participant directed investments	\$ 2,143,554	\$ 2,373,328
Notes receivable from participants	\$ 22,377	\$ 27,399
Net appreciation (depreciation) in fair value of investments	\$ (304,200)	\$ 250,550
Certified Equitable Financial Life Insurance Company		
Participant directed investments	\$ 866,599	\$ 993,958
Interest	\$ 10,888	\$ 11,003
Net appreciation (depreciation) in fair value of investments	\$ (121,882)	\$ 94,549
Totals Certified		
Participant directed investments	\$ 3,010,153	\$ 3,367,286
Notes receivable from participants	\$ 22,377	\$ 27,399
Interest	\$ 10,888	\$ 11,003
Net appreciation (depreciation) in fair value of investments	\$ (426,082)	\$ 345,099

Note 4. Fair Value Measurements

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Notes to the Financial Statements**Note 4. Fair Value Measurements (Continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Guaranteed interest option. The fair value of the non-fully benefit responsive guaranteed annuity contracts is measured by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

Pooled separate accounts. Valued on a per unit value basis as determined by the Plan trustee, which reflects fair value of the investments comprising the separate funds, less a management fee. Data for net asset values (NAV) are changed daily, are available to Plan administrators, and provides sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily mutual funds.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Guaranteed interest option	\$ -	\$ 385,186	\$ -	\$ 385,186
Pooled separate accounts	-	2,624,967	-	2,624,967
Total assets at fair value	\$ -	\$ 3,010,153	\$ -	\$ 3,010,153
Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Guaranteed interest option	\$ -	\$ 388,563	\$ -	\$ 388,563
Pooled separate accounts	-	2,978,723	-	2,978,723
Total assets at fair value	\$ -	\$ 3,367,286	\$ -	\$ 3,367,286

Note 5. Unidentified Participants, Investment Balances and Plan Transactions

As permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. If the identified contracts were included, net assets available for benefits would increase by some unknown amount. Further investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits for the years ended December 31, 2022 and 2021. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Plan investments are managed by Equitable Financial Life Insurance Company and Nationwide Trust Company. Equitable Financial Life Insurance Company and Nationwide Trust Company are custodians and record keepers for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Equitable Financial Life Insurance Company provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and Equitable Financial Life Insurance Company. Fees paid by the Plan for investment management and record keeping are included as a reduction of the return earned on each pooled separate account. The current expense ratio for these services is 0.25 to 1.24 percent of Plan assets and a recordkeeping fee on accounts of less than \$25,000 of \$30 or 2% of account value inclusive of any annual withdrawals, whichever is less, as of December 31, 2022 and 2021. Fees paid to Equitable Financial Life Insurance Company are exempt, and not considered prohibited transactions.

Nationwide Trust Company provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and Nationwide Trust Company. Fees paid by the Plan for investment management and record keeping are included as a reduction of the return earned on each pooled separate account. The current expense ratio for these services is 0.25 to 1.24 percent of Plan assets and a recordkeeping fee on accounts of less than \$25,000 of \$30 or 2% of account value inclusive of any annual withdrawals, whichever is less, as of December 31, 2022 and 2021. Fees paid to Nationwide Trust Company are exempt, and not considered prohibited transactions.

Note 6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events, which could impact the value of investments securities, such as a pandemic or global conflict. 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 that such changes could materially affect participants' account balances, and the amounts reported in the statement of assets available for benefits.

Notes to the Financial Statements

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, all amounts credited to the affected participants' accounts shall become 100% vested, and all unallocated amounts shall be allocated to the accounts of the participants in accordance with the terms of the Plan. Upon termination of the Plan, the sponsor may direct either:

- 1) Complete distribution of the assets in the Trust to the participants, in cash or in kind; or
- 2) Contribution of the Trust created by the Plan and distribution of benefits in a manner as though the Plan had not been terminated.

Note 8. Related Party and Party-In-Interest Transactions

Certain Plan investments are units of pooled separate accounts and guaranteed interest option managed by Equitable Financial Life Insurance Company and Nationwide Trust Company. Equitable Financial Life Insurance Company and Nationwide Trust Company are the custodians as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These are identified on the Schedule H, Part IV, Line 4i with an asterisk.

For the years ending December 31, 2022 and 2021, fees paid by the Plan for the investment management and recordkeeping services were \$28,930 and \$31,642, respectively. With respect to the administration of the Plan, the Company may pay a portion of the administrative expenses.

Nowcap Of Wyoming Tax Sheltered Retirement Annuity Plan

EIN: 83-6006897 Plan 002

December 31, 2022

Schedule H, Part IV, Line 4i—Schedule of Assets (Held at Year End)

(See Independent Auditor's Report)

		(c)		
(a)	(b)	Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d)	(e)
	Identity of issue, borrower, lessor or similar party		Cost **	Current value
	Participant directed accounts			
*	AXA Equitable Guaranteed Invest Option	n/a	\$ -	\$ 385,186
*	EQ Common Stock Index	pooled separate accounts	-	73,417
*	EQ/Equity 500 Index	pooled separate accounts	-	66,673
*	EQ/Small Company Index	pooled separate accounts	-	12,700
*	AXA Mid-Cap Value Managed Vol	pooled separate accounts	-	8,611
*	AXA Moderate Allocation	pooled separate accounts	-	113,202
*	AXA Large-Cap Value Managed Vol	pooled separate accounts	-	25,414
*	EQ/Black Rock Basic Value Equity	pooled separate accounts	-	10,661
*	EQ/International Equity Index	pooled separate accounts	-	8,974
*	Charter Multi-Sector Bond	pooled separate accounts	-	2,043
*	EQ/Quality Bond Plus	pooled separate accounts	-	19
*	EQ/Money Market	pooled separate accounts	-	15
*	EQ/Intermediate Government Bond	pooled separate accounts	-	432
*	EQ/JP Morgan Value Opportunities	pooled separate accounts	-	20,537
*	AXA Global Equity Managed Vol	pooled separate accounts	-	362
*	AXA Large Cap Managed Vol	pooled separate accounts	-	8,382
*	AXA Int Val Managed Vol	pooled separate accounts	-	959
*	EQ/Morgan Stanley Mid CapGrowth	pooled separate accounts	-	801
*	EQ/Capital Guardian Research	pooled separate accounts	-	15,963
*	EQ/T Rowe Price Growth Stock	pooled separate accounts	-	16,627
*	EQ/Mid Cap Index	pooled separate accounts	-	6,058
*	Multimgr Technology	pooled separate accounts	-	10,779
*	AXA INT Core Managed Vol	pooled separate accounts	-	167
*	EQ/Large Cap Value Index	pooled separate accounts	-	3,328
*	EQ/Gamco Small Company	pooled separate accounts	-	12,929
*	AXA Conserv-Plus Allocation	pooled separate accounts	-	1,809
*	EQ/Fidelity Instnl Am Lrg Cap	pooled separate accounts	-	4,705
*	EQ/Clearbridge Lg Cap Grwt Esg	pooled separate accounts	-	14,261
*	EQ/MFS Utilities Series	pooled separate accounts	-	16,791
*	AXA Moderate-Plus Allocation	pooled separate accounts	-	211
*	EQ/Oppenheimer Global	pooled separate accounts	-	329
*	EQ/MFS International Value	pooled separate accounts	-	449
*	EQ/Emerging Markets EQTY Plus	pooled separate accounts	-	774
*	Multimanager Aggressive Equity	pooled separate accounts	-	19,228
*	EQ/Wellington Energy	pooled separate accounts	-	1,409

(Continued)

Nowcap Of Wyoming Tax Sheltered Retirement Annuity Plan

EIN: 83-6006897 Plan 002

December 31, 2021

Schedule H, Part IV, Line 4i—Schedule of Assets (Held at Year End) (Continued)

(See Independent Auditor's Report)

		(c)		
		Description of investment		
(a)	(b)	including maturity date,	(d)	(e)
	Identity of issue, borrower,	rate of interest, collateral,	Cost **	Current value
	lessor or similar party	and par or maturity value		
	Participant directed accounts (continued)			
*	EQ/MFS Mid Cap FOC Used Growth	pooled separate accounts	\$ -	\$ 2,394
*	Pionr Bd y	pooled separate accounts	-	13,922
*	Pionr Eq Inc Y	pooled separate accounts	-	145,015
*	American Fds 2055 Target Date Retire	pooled separate accounts	-	40,180
*	Vic Syc Estblshd Val I	pooled separate accounts	-	6,321
*	BOA-Fixed	pooled separate accounts	-	118,768
*	DFA Emrg Mkt Cor Equity Inst	pooled separate accounts	-	17,382
*	Fnkln Gr Adv	pooled separate accounts	-	6,917
*	Blkrk MdCap Gr EQ Inst	pooled separate accounts	-	38,962
*	BlkRk Ttl Rtn K	pooled separate accounts	-	10,474
*	BlkRk Hi Yld Bd Port K	pooled separate accounts	-	13,892
*	BlkRk Strat Inc Oppr I	pooled separate accounts	-	5,703
*	AB Glbl Bd	pooled separate accounts	-	9,012
*	JPM LgCap Gr R6	pooled separate accounts	-	14,449
*	Diamond Hill MdCap	pooled separate accounts	-	8,948
*	Vngrd 500 Index Fd As	pooled separate accounts	-	49,950
*	Vngrd Mid-Cap Idx Fd As	pooled separate accounts	-	22,438
*	Vngrd Sm Cap Indx Fd AS	pooled separate accounts	-	5,661
*	Fid 500 Indx	pooled separate accounts	-	30,675
*	Fid Intl Indx	pooled separate accounts	-	15,515
*	AmCent Emrg Mkt I	pooled separate accounts	-	22,851
*	Fid US Bd Indx	pooled separate accounts	-	17,976
*	Vngrd Devl Mkt Indx Adml	pooled separate accounts	-	4,861
*	Vngrd Explr Adml	pooled separate accounts	-	4,698
*	AmFds 2060 TrgtDtRtrmt R6	pooled separate accounts	-	17,421
*	JnsHndrsn Triton N	pooled separate accounts	-	13,114
*	DFA Infl Prtct Sec Inst	pooled separate accounts	-	1,714
*	Dodgecox Intl Stk	pooled separate accounts	-	18,608
*	Fed Gov Oblgtns	pooled separate accounts	-	101,287
*	LeggM ClrBrdg Intl Gr I	pooled separate accounts	-	7,378
*	DFA RealEst Sec	pooled separate accounts	-	34,269
*	PGIM Ttl Rtn Bd R6	pooled separate accounts	-	18,945
*	JPM Eq Inc R5	pooled separate accounts	-	14,901
*	NW Loomis AllCap Gr R6	pooled separate accounts	-	16,802

(Continued)

Nowcap Of Wyoming Tax Sheltered Retirement Annuity Plan

EIN: 83-6006897 Plan 002

December 31, 2021

Schedule H, Part IV, Line 4i—Schedule of Assets (Held at Year End) (Continued)

(See Independent Auditor's Report)

		(c)		
(a)	(b)	Description of investment	(d)	(e)
	Identity of issue, borrower,	including maturity date,	Cost **	Current value
	lessor or similar party	rate of interest, collateral,		
		and par or maturity value		
	Participant directed accounts (continued)			
*	GdmnScs GblCorFxdInc	pooled separate accounts	\$ -	\$ 30,852
*	GdmnScs GQCPtnrIntlOppr	pooled separate accounts	-	18,791
*	GdmnScs SmCpValInshts	pooled separate accounts	-	13,581
*	GdmnScs Infl PrtctSec Inst	pooled separate accounts	-	5,412
*	PGIM Hi Yld z	pooled separate accounts	-	120,878
*	Pimco Real Rtn Inst	pooled separate accounts	-	13,269
*	Pimco Commodity Real Return Inst	pooled separate accounts	-	8,459
*	Principal Global Real Estate R6	pooled separate accounts	-	10,011
*	Avnts US Small Cap Value Intl	pooled separate accounts	-	4,652
*	Avnts US Large Cap Value Inst	pooled separate accounts	-	16,857
*	AmFds 2025 TrgtDtRtrmt R6	pooled separate accounts	-	475,068
*	AmFds 2030 TrgtDtRtrmt R6	pooled separate accounts	-	87,551
*	AmFds 2035 TrgtDtRtrmt R6	pooled separate accounts	-	21,977
*	AmFds 2040 TrgtDtRtrmt R6	pooled separate accounts	-	22,871
*	AmFds 2045 TrgtDtRtrmt R6	pooled separate accounts	-	15,122
*	AmFds 2050 TrgtDtRtrmt R6	pooled separate accounts	-	18,859
*	AmFds 2015 TrgtDtRtrmt R6	pooled separate accounts	-	2,511
*	AmFds 2010 TrgtDtRtrmt R6	pooled separate accounts	-	3,759
*	AmFds 2020 TrgtDtRtrmt R6	pooled separate accounts	-	384,065
	Total participant directed accounts			\$ 3,010,153
*	Participant notes receivable	maturing from 2023 to 2025	\$ -	22,377
		with interest rates from 4.25% to 6.50%		
	Total investments			<u>\$ 3,032,530</u>

* A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended

** Cost omitted for participant directed investments

Nowcap Of Wyoming Tax Sheltered Retirement Annuity Plan

EIN: 83-6006897 Plan 002

December 31, 2022

Schedule H, Part IV, Line 4i—Schedule of Assets (Held at Year End)

(See Independent Auditor's Report)

		(c)		
(a)	(b)	Description of investment	(d)	(e)
	Identity of issue, borrower,	including maturity date,	Cost **	Current value
	lessor or similar party	rate of interest, collateral,		
		and par or maturity value		
	Participant directed accounts			
*	AXA Equitable Guaranteed Invest Option	n/a	\$ -	\$ 385,186
*	EQ Common Stock Index	pooled separate accounts	-	73,417
*	EQ/Equity 500 Index	pooled separate accounts	-	66,673
*	EQ/Small Company Index	pooled separate accounts	-	12,700
*	AXA Mid-Cap Value Managed Vol	pooled separate accounts	-	8,611
*	AXA Moderate Allocation	pooled separate accounts	-	113,202
*	AXA Large-Cap Value Managed Vol	pooled separate accounts	-	25,414
*	EQ/Black Rock Basic Value Equity	pooled separate accounts	-	10,661
*	EQ/International Equity Index	pooled separate accounts	-	8,974
*	Charter Multi-Sector Bond	pooled separate accounts	-	2,043
*	EQ/Quality Bond Plus	pooled separate accounts	-	19
*	EQ/Money Market	pooled separate accounts	-	15
*	EQ/Intermediate Government Bond	pooled separate accounts	-	432
*	EQ/JP Morgan Value Opportunities	pooled separate accounts	-	20,537
*	AXA Global Equity Managed Vol	pooled separate accounts	-	362
*	AXA Large Cap Managed Vol	pooled separate accounts	-	8,382
*	AXA Int Val Managed Vol	pooled separate accounts	-	959
*	EQ/Morgan Stanley Mid CapGrowth	pooled separate accounts	-	801
*	EQ/Capital Guardian Research	pooled separate accounts	-	15,963
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*	EQ/Mid Cap Index	pooled separate accounts	-	6,058
*	Multimgr Technology	pooled separate accounts	-	10,779
*	AXA INT Core Managed Vol	pooled separate accounts	-	167
*	EQ/Large Cap Value Index	pooled separate accounts	-	3,328
*	EQ/Gamco Small Company	pooled separate accounts	-	12,929
*	AXA Conserv-Plus Allocation	pooled separate accounts	-	1,809
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*	Multimanager Aggressive Equity	pooled separate accounts	-	19,228
*	EQ/Wellington Energy	pooled separate accounts	-	1,409

(Continued)

Nowcap Of Wyoming Tax Sheltered Retirement Annuity Plan

EIN: 83-6006897 Plan 002

December 31, 2021

Schedule H, Part IV, Line 4i—Schedule of Assets (Held at Year End) (Continued)

(See Independent Auditor's Report)

		(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost **	(e) Current value
(a)	(b) Identity of issue, borrower, lessor or similar party			
	Participant directed accounts (continued)			
*	EQ/MFS Mid Cap FOC Used Growth	pooled separate accounts	\$ -	\$ 2,394
*	Pionr Bd y	pooled separate accounts	-	13,922
*	Pionr Eq Inc Y	pooled separate accounts	-	145,015
*	American Fds 2055 Target Date Retire	pooled separate accounts	-	40,180
*	Vic Syc Estblshd Val I	pooled separate accounts	-	6,321
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*	AB Glbl Bd	pooled separate accounts	-	9,012
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*	Vngrd 500 Index Fd As	pooled separate accounts	-	49,950
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*	Fid 500 Indx	pooled separate accounts	-	30,675
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*	Vngrd Devl Mkt Indx Adml	pooled separate accounts	-	4,861
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*	DFA Infl Prtct Sec Inst	pooled separate accounts	-	1,714
*	Dodgecox Intl Stk	pooled separate accounts	-	18,608
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*	NW Loomis AllCap Gr R6	pooled separate accounts	-	16,802

(Continued)

Nowcap Of Wyoming Tax Sheltered Retirement Annuity Plan

EIN: 83-6006897 Plan 002

December 31, 2021

Schedule H, Part IV, Line 4i—Schedule of Assets (Held at Year End) (Continued)

(See Independent Auditor's Report)

		(c)		
(a)	(b)	Description of investment	(d)	(e)
	Identity of issue, borrower,	including maturity date,	Cost **	Current value
	lessor or similar party	rate of interest, collateral,		
		and par or maturity value		
	Participant directed accounts (continued)			
*	GdmnScs GblCorFxdInc	pooled separate accounts	\$ -	\$ 30,852
*	GdmnScs GQCPtnrIntlOppr	pooled separate accounts	-	18,791
*	GdmnScs SmCpValInshts	pooled separate accounts	-	13,581
*	GdmnScs Infl PrtctSec Inst	pooled separate accounts	-	5,412
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*	Pimco Commodity Real Return Inst	pooled separate accounts	-	8,459
*	Principal Global Real Estate R6	pooled separate accounts	-	10,011
*	Avnts US Small Cap Value Intl	pooled separate accounts	-	4,652
*	Avnts US Large Cap Value Inst	pooled separate accounts	-	16,857
*	AmFds 2025 TrgtDtRtrmt R6	pooled separate accounts	-	475,068
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*	AmFds 2035 TrgtDtRtrmt R6	pooled separate accounts	-	21,977
*	AmFds 2040 TrgtDtRtrmt R6	pooled separate accounts	-	22,871
*	AmFds 2045 TrgtDtRtrmt R6	pooled separate accounts	-	15,122
*	AmFds 2050 TrgtDtRtrmt R6	pooled separate accounts	-	18,859
*	AmFds 2015 TrgtDtRtrmt R6	pooled separate accounts	-	2,511
*	AmFds 2010 TrgtDtRtrmt R6	pooled separate accounts	-	3,759
*	AmFds 2020 TrgtDtRtrmt R6	pooled separate accounts	-	384,065
	Total participant directed accounts			\$ 3,010,153
*	Participant notes receivable	maturing from 2023 to 2025 with interest rates from 4.25% to 6.50%	\$ -	22,377
	Total investments			<u>\$ 3,032,530</u>

* A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended

** Cost omitted for participant directed investments

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2022****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- 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 instr.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
- ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☐ ▶ ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐ ▶ ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan NOWCAP OF WYOMING TAX SHELTERED RETIREMENT ANNUITY PLAN	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>06/16/1992</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) NORTHWEST COMMUNITY ACTION PROGRAMS WYOMING, INC. P.O. DRAWER 158 WORLAND WY 82401	2b Employer Identification Number (EIN) <u>83-6006897</u>
	2c Plan Sponsor's telephone number <u>307-347-6185</u>
	2d Business code (see instructions) <u>813000</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 <u>J. Mattis</u>	<u>10/9/23</u>	JULIE MATTIS
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 (2022)
v. 220413