



<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2836
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	939
	<b>6a(2)</b>	743
	<b>6b</b>	81
	<b>6c</b>	1380
	<b>6d</b>	2204
	<b>6e</b>	1
	<b>6f</b>	2205
	<b>6g(1)</b>	2819
<b>6g(2)</b>	2185	
<b>6h</b>	156	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2S 2T 3B 3D 3H

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

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

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

<b>A</b> Name of plan <b>FINANCE OF AMERICA COMPANIES 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FINANCE OF AMERICA EQUITY CAPITAL LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>80-0948242</b>	

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

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

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

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	173071	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

NFP RETIREMENT INC

120 VANTIS STE 400  
ALISO VIEJO, CA 92656-2689

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	69979	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>FINANCE OF AMERICA COMPANIES 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FINANCE OF AMERICA EQUITY CAPITAL LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>80-0948242</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COHEN &amp; STEERS US REALTY FUND CLASS</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>COHEN &amp; STEERS REALTY SHARES</u>		
<b>c</b> EIN-PN <u>47-1211722-003</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>635633</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INDEXSELECT MODERATE 2025 FD CL I</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>81-4447624-306</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>MID CAP GROWTH I1</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>38-4126247-549</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1007896</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STABLE VALUE FUND FEE CLASS IL</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>85-4031707-653</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>3390761</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INDEXSELECT MODERATE 2045 FD CL I</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>81-4770950-308</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>37380668</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INDEXSELECT CONSERVATIVE 2025 FD CL</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>81-4509619-311</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INDEXSELECT CONSERVATIVE RET FD CL</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>81-4499160-310</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>675793</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT AGGRESSIVE 2045 FD CL I

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

<b>c</b> EIN-PN 81-4403657-303	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1172766
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2035 FD CL

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

<b>c</b> EIN-PN 81-4515825-312	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	272809
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH FUND III FEE CLASS

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

<b>c</b> EIN-PN 38-7275327-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4121342
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX 1

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

<b>c</b> EIN-PN 20-3802168-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13295352
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND II FEE CLASS

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

<b>c</b> EIN-PN 38-4126288-592	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	568063
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT AGGRESSIVE 2035 FD CL I

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

<b>c</b> EIN-PN 81-4393238-302	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1901760
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2055 FD CL

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

<b>c</b> EIN-PN 81-4543855-314	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	257819
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DEBIT INDEX 1

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

<b>c</b> EIN-PN 20-3802445-010	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	208824
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2035 FD CL I

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

<b>c</b> EIN-PN 81-4457845-307	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30109094
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2055 FD CL I

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

<b>c</b> EIN-PN 81-4484368-309	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20216835
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK EAFE EQUITY INDEX 1**

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

<b>c</b> EIN-PN <b>20-3802495-007</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1358846</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INDEXSELECT AGGRESSIVE 2025 FD CL I**

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

<b>c</b> EIN-PN <b>81-4386547-301</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INDEXSELECT AGGRESSIVE RETIRE FD CL**

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

<b>c</b> EIN-PN <b>81-4374798-300</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>147818</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INDEXSELECT MODERATE RETIRE FD CL I**

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

<b>c</b> EIN-PN <b>81-4430771-305</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>18413122</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP VALUE I1**

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

<b>c</b> EIN-PN <b>38-4065329-426</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2258884</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL GROWTH FUND II CLASS**

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

<b>c</b> EIN-PN <b>38-4139842-619</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>632104</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CORE PLUS BOND CL I1**

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

<b>c</b> EIN-PN <b>38-4116854-515</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>566735</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INDEXSELECT AGGRESSIVE 2055 FD CL I**

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

<b>c</b> EIN-PN <b>81-4418048-304</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1951282</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INDEXSELECT CONSERVATIVE 2045 FD CL**

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

<b>c</b> EIN-PN <b>81-4532033-313</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>171063</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FINANCE OF AMERICA COMPANIES 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FINANCE OF AMERICA EQUITY CAPITAL LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>80-0948242</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	181156	169528
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	1524198	1786451
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	153251838	140715268
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	12350896	9505914
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	167308088	152177161
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	167308088	152177161

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2106234	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	6460911	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	929301	
(2) Noncash contributions.....	<b>2a(2)</b>	0	9496446
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	118375
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	118375	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		118375
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	474716
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	474716	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		474716
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	0
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	0
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	18765741
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	518753
<b>c</b> Other income .....	2c	2414
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	29376445

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	44257303
(2) To insurance carriers for the provision of benefits .....	2e(2)	0
(3) Other .....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	44257303
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	42583
<b>h</b> Interest expense .....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	0
(3) Recordkeeping fees .....	2i(3)	137507
(4) IQPA audit fees .....	2i(4)	0
(5) Investment advisory and investment management fees .....	2i(5)	69979
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses .....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	207486
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	44507372

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	-15130927
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37034
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

<b>A</b> Name of plan <u>FINANCE OF AMERICA COMPANIES 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>FINANCE OF AMERICA EQUITY CAPITAL LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>80-0948242</u>	

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

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

1		0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 84-1455663

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

# **Finance of America Companies 401(k) Plan**

Financial Statements  
and ERISA-Required Supplemental Schedules  
As of December 31, 2024 and 2023  
And for the Year Ended December 31, 2024

# Finance of America Companies 401(k) Plan

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## Independent Auditor's Report

To the Plan Administrator  
Finance of America Companies 401(k) Plan  
Plano, Texas

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

We have performed audits of the financial statements of Finance of America Companies 401(k) Plan (the 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### *Opinion*

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

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



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

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

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

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

The supplemental schedules, Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and Schedule of Assets (Held at End of Year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified



investment information, we compared such information to the related certified investment information.

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

In our opinion

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

*BDO USA, P.C.*

Philadelphia, Pennsylvania  
July 2, 2025

## **Financial Statements**

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# Finance of America Companies 401(k) Plan

## Statements of Net Assets Available for Benefits

---

<i>December 31,</i>	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
<b>Investments, at fair value</b>	<b>\$ 150,221,182</b>	<b>\$ 165,602,734</b>
<b>Receivables</b>		
Employer contributions receivable	<b>169,528</b>	181,156
Notes receivable from participants	<b>1,786,451</b>	1,524,198
<b>Total Receivables</b>	<b>1,955,979</b>	<b>1,705,354</b>
<b>Net Assets Available for Benefits</b>	<b>\$ 152,177,161</b>	<b>\$ 167,308,088</b>

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*See accompanying Notes to Financial Statements.*

**Finance of America Companies 401(k) Plan**  
**Statement of Changes in Net Assets Available for Benefits**

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<i>Year ended December 31,</i>	<b>2024</b>
<b>Additions to Net Assets</b>	
<b>Investment Income</b>	
Net appreciation in fair value of investments	\$ 19,284,494
Dividends	474,716
<b>Total Investment Income</b>	<b>19,759,210</b>
<b>Interest Income on Notes Receivable from Participants</b>	<b>118,375</b>
<b>Contributions</b>	
Participant	6,460,911
Employer	2,106,234
Rollover	929,301
<b>Total Contributions</b>	<b>9,496,446</b>
<b>Other Income</b>	<b>2,414</b>
<b>Total Additions</b>	<b>29,376,445</b>
<b>Deductions to Net Assets</b>	
Benefits paid to participants	44,299,886
Administrative expenses	207,486
<b>Total Deductions</b>	<b>44,507,372</b>
<b>Net Decrease</b>	<b>(15,130,927)</b>
<b>Net Assets Available for Benefits, beginning of year</b>	<b>167,308,088</b>
<b>Net Assets Available for Benefits, end of year</b>	<b>\$ 152,177,161</b>

*See accompanying Notes to Financial Statements.*

# Finance of America Companies 401(k) Plan

## Notes to Financial Statements

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### 1. Description of Plan

The following description of the Finance of America Companies 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

#### *General*

The Plan is a defined contribution 401(k) retirement plan covering all eligible employees of Finance of America Companies Inc. (the “Company” or “Employer”). The Plan was established effective January 1, 1997 by the Company for the benefit of its employees and the employees of any affiliated employer to qualify under section 401(k) of the Internal Revenue Code (“IRC”). Employees who have attained age 21 are eligible to participate in the Plan on the first of the month after the month of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

#### *Trustee of the Plan*

The trustee and recordkeeper of the Plan is Empower Annuity Insurance Company of America and Empower Trust Company (“Empower” or the “Trustee”). The Trustee holds all assets of the Plan in accordance with the service provider contract with the Company.

#### *Contributions*

Participants can elect to contribute between 0 to 100% of pretax annual compensation, as defined in the Plan. Participants can also allocate a portion of their contributions as Roth contributions, which is an after-tax contribution. The participant’s maximum pretax and after-tax contributions are limited as defined by the IRC.

Employees are automatically enrolled in the Plan at a contribution rate of 3% on the first day of the calendar month after the month of hire, unless the employee elects not to participate in the Plan.

Participants can also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Catch-up contributions are permitted up to the limit as defined by the IRC. Effective in February 2024, the Plan was amended to allow for participants to make after-tax (non-Roth) contributions to the Plan.

The Company may elect to make discretionary matching and non-elective contributions each year. For the Plan year ended December 31, 2024, each pay period the Company matched contributions of 50% of the eligible participants’ elective deferrals, up to a maximum limit of 6% of eligible compensation. The Company did not elect to make a non-elective contribution in 2024.

#### *Participant Accounts*

Each participant’s account is credited with the participant’s contributions, Company’s discretionary matching and non-elective contributions, and an allocation of net Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocated expenses are distributed evenly on a pro-rata basis amongst the participant accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

#### *Vesting*

Participants are immediately vested in their individual deferral, Roth, after-tax (non-Roth), and rollover contributions plus allocated earnings thereon. Participants will vest in the Company discretionary contributions

# Finance of America Companies 401(k) Plan

## Notes to Financial Statements

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(matching and non-elective) based on the participants' years of service with the Company. A year of service is defined as 1,000 hours of service during a plan year.

Vesting in the Company's contributions is as follows:

<u>Complete Years of Service</u>	<u>Vesting Percentage</u>
1	33 %
2	66 %
3	100 %

### ***Notes Receivable from Participants***

Participants may borrow a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at the prime rate plus a fixed rate of 2% upon origination. The interest rate will be fixed for the duration of the note. Interest rates on loans transferred into the Plan maintain the initial rate charged upon loan funding. The notes require payments to be made at least quarterly. Loan repayments are made through payroll deductions over a period not to exceed five years, with the exception of notes for the purchase of a primary residence, which may have a longer term.

### ***Benefits Paid to Participants***

On termination or separation of service, death, disability, retirement, or after reaching the age of 59½, a participant can elect to receive their benefits as a lump-sum amount equal to the value of the participant's vested interest in his or her account. Withdrawals from the Plan can also be made upon circumstances of financial or other hardship, in accordance with provisions specified in the Plan. If the participant's vested account balance is less than \$7,000, the Plan will distribute the vested portion in a single lump-sum payment in cash. However, the participant may elect whether to receive the distribution or to roll over the distribution to another retirement plan. If the amount of the distribution exceeds \$1,000 and the participant does not elect either to receive or to roll over the distribution, the Plan automatically will roll over the distribution to an individual retirement account.

### ***Forfeited Accounts***

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$524,982 and \$988,404, respectively. These amounts will be used to reduce future Company discretionary matching contributions. During 2024, employer contributions were reduced by \$643,690 from forfeited non-vested accounts, which involved using \$445,812 to provide the fully vested company's contributions to employees affected by partial plan terminations which occurred during 2023.

## **2. Summary of Accounting Policies**

### ***Basis of Accounting***

The financial statements of the Plan are prepared on the accrual method of accounting in accordance with United States ("U.S.") generally accepted accounting principles ("GAAP").

### ***Use of Estimates***

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

# Finance of America Companies 401(k) Plan

## Notes to Financial Statements

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### *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. Management of the Company determines the Plan's valuation policies utilizing information provided by Empower. See Note 3 - Fair Value Measurements for discussion of fair value measurements.

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

Net investment returns reflect certain fees paid by the investment funds to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus or other published documents. These fees are deducted by the investment funds prior to the allocation of the Plan's investment earnings activity and thus are not separately identifiable as an expense.

### *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus unpaid accrued interest. Interest income is recorded on the accrual basis. The Plan classified all notes receivable from participants with no payments received at the end of the calendar quarter following the calendar quarter in which the payment was due as being in default. Defaulted notes receivable from participants are deemed distributions and are recorded as benefits paid to participants in the Statement of Changes in Net Assets Available for Benefits.

### *Benefits Paid to Participants*

Benefits are recorded when paid by the Plan.

### *Administrative Expenses and Other Income*

Certain expenses of maintaining the Plan were paid directly by the Company and were excluded from these financial statements. Fees related to the administration of notes receivable from participants were charged directly to the participant's account and were included in administrative expenses. Investment related expenses were included in net appreciation in fair value of investments.

Effective March 1, 2024, the annual administrative fee payable to Empower decreased from \$48 to \$45 per Participant. This administrative fee is charged directly to participant accounts. Any expense account funds not used during the year may be reallocated to the participants, at the directive of the Company, or remain as a credit to apply towards future expenses. The Plan utilized \$3,513 during the year ended December 31, 2024 from the Plan Expense Account to pay certain plan expenses.

## **3. Fair Value Measurements**

Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices available in active markets (i.e., observable inputs) (Level 1) and the lowest priority to data lacking transparency (i.e., unobservable inputs) (Level 3).

The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

# Finance of America Companies 401(k) Plan

## Notes to Financial Statements

*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 markets that are not active;
- 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 relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used at December 31, 2024 and 2023.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and as such are classified as Level 1.

*Common collective trusts:* Valued using the NAV per share provided by the investment fund's trustee and is determined by the fair value of the underlying assets within the portfolio less its liabilities. NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the common collective trusts will sell for an amount different than the reported NAV. These are direct filing entities.

*Stable value fund:* The Great Gray Stable Value Fund is composed of fully benefit-responsive investment contracts. The stable value fund is valued at NAV, which is based on the fair value of the underlying investments less its liabilities. NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. This is a direct filing entity.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Investment Assets at Fair Value at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 9,505,914	\$ —	\$ —	\$ 9,505,914
Total investments in the fair value hierarchy	9,505,914	—	—	9,505,914
Investments measured at NAV*				140,715,268
Total investments at fair value	\$ 9,505,914	\$ —	\$ —	\$ 150,221,182

# Finance of America Companies 401(k) Plan

## Notes to Financial Statements

	Investment Assets at Fair Value at December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 12,350,896	\$ —	\$ —	\$ 12,350,896
Total investments in the fair value hierarchy	12,350,896	—	—	12,350,896
Investments measured at NAV*				153,251,838
Total investments at fair value	\$ 12,350,896	\$ —	\$ —	\$ 165,602,734

\* Certain investments that are measured at fair value using the NAV per share practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to reconcile the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023.

	Fair Value 12/31/2024	Fair Value 12/31/2023	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts	\$ 137,324,508	\$ 148,596,269	N/A	Daily	Daily
Stable value fund	\$ 3,390,760	\$ 4,655,569	N/A	Daily	Daily

All of the common collective trusts from Great Gray Trust Co. require a plan sponsor to provide advance written notice of five business days for plan sponsor directed withdrawals which will exceed \$1 million or 10% of the assets invested in each Fund.

The Cohen & Steers Realty Shares Fund requires a plan sponsor to provide advance written notice of five business days for plan sponsor directed withdrawals which will exceed 20% of the assets invested in the Fund.

The stable value fund from Great Gray Trust Co is valued on a daily basis by the Trustee. All income and expenses shall be deemed to be accrued, received, or paid at an equal rate from day to day. Daily unit values are determined by dividing the fund's net assets by the number of participating units outstanding on the valuation date. Contributions and redemptions to the fund may be made daily at the current net asset value and are considered as made immediately after the daily valuation. The fund declares and records dividends daily and pays them monthly. Dividends are reinvested in the Great Gray Stable Value Fund and the units issued are adjusted accordingly. Subject to certain restrictions, withdrawals from the Fund are generally permitted daily at contract value.

#### 4. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower, a qualified institution.

The Plan's independent accountant did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and ERISA-required supplemental schedules.

# Finance of America Companies 401(k) Plan

## Notes to Financial Statements

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### 5. Related Party and Party-In-Interest Transactions

Empower is the recordkeeper as defined by the Plan and therefore, certain transactions qualify as party-in-interest transactions. All aforementioned administrative expenses related to Empower's services are paid from the Plan Expense Account (see Note 2 - Summary of Accounting Policies). Notes receivable from participants and the Plan Expense Account also qualify as party-in-interest transactions. The Plan has other service providers. Such providers are parties-in-interest under ERISA and are exempt from prohibited transaction rules.

### 6. Tax Status

The Plan uses a pre-approved plan document sponsored by Empower. Empower received an opinion letter from the Internal Revenue Service ("IRS"), dated November 14, 2022, which states that the pre-approved plan document, as then designed, satisfies the applicable provisions of the IRC. The Plan has been amended since adopting the pre-approved plan document. Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

### 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

### 8. Delinquent Participant Contributions

During the Plan years ended December 31, 2024 and 2023, participant contributions and loan repayments totaling \$3,530 and \$33,504, respectively, were not remitted within the period prescribed by the Department of Labor's regulations. These transactions constitute non-exempt party-in-interest transactions or prohibited transactions as defined by ERISA. The Employer has corrected these transactions and the related lost earnings were remitted to the Plan in 2024.

### 9. Subsequent Events

The Plan has evaluated subsequent events from the date of the financial statements through July 2, 2025, the date these financial statements were available to be issued. No subsequent events or transactions were identified that would require additional disclosure or adjustment to these financial statements.

## **ERISA-Required Supplemental Schedules**

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# Finance of America Companies 401(k) Plan

## Schedule H, Line 4a – Schedule of Delinquent Participant Contributions For the Year Ended December 31, 2024

**Employer Identification Number 80-0948242, Plan Number 001**

Check here if late participant loan repayments are included:		Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51**
		Contributions not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
X	Participant Contributions transferred late to the Plan - 2023	\$ —	\$ 33,504	\$ —	\$ —
X	Participant Contributions transferred late to the Plan - 2024	—	3,530	—	—

\* Voluntary Fiduciary Correction Program

\*\* Prohibited Transaction Exemption 2002-51

# Finance of America Companies 401(k) Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024

### Employer Identification Number 80-0948242, Plan Number 001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	Cost	Current Value
<b>Common collective trusts:</b>				
	Great Gray Trust Co	BlackRock EAFE Equity Index 1	a	\$ 1,358,846
	Great Gray Trust Co	BlackRock Equity Index 1	a	13,295,352
	Great Gray Trust Co	BlackRock U.S. Debt Index 1	a	208,824
	Cohen & Steers Realty Shares	Cohen & Steers U.S. Realty CIT RS	a	635,633
	Great Gray Trust Co	Core Plus Bond CL II	a	566,735
	Great Gray Trust Co	IndexSelect Aggressive 2035 Fund CL I	a	1,901,760
	Great Gray Trust Co	IndexSelect Aggressive 2045 Fund CL I	a	1,172,766
	Great Gray Trust Co	IndexSelect Aggressive 2055 Fund CL I	a	1,951,282
	Great Gray Trust Co	IndexSelect Aggressive Retire Fund CL I	a	147,818
	Great Gray Trust Co	IndexSelect Conservative 2035 Fund CL I	a	272,809
	Great Gray Trust Co	IndexSelect Conservative 2045 Fund CL I	a	171,063
	Great Gray Trust Co	IndexSelect Conservative 2055 Fund CL I	a	257,819
	Great Gray Trust Co	IndexSelect Conservative Ret Fund CL I	a	675,793
	Great Gray Trust Co	IndexSelect Moderate 2035 Fund CL I	a	30,109,094
	Great Gray Trust Co	IndexSelect Moderate 2045 Fund CL I	a	37,380,668
	Great Gray Trust Co	IndexSelect Moderate 2055 Fund CL I	a	20,216,835
	Great Gray Trust Co	IndexSelect Moderate Retire Fund CL I	a	18,413,122
	Great Gray Trust Co	International Growth Fund II Class II	a	632,104
	Great Gray Trust Co	Large Cap Growth Fund III Fee Class II	a	4,121,342
	Great Gray Trust Co	Large Cap Value II	a	2,258,884
	Great Gray Trust Co	Mid Cap Growth II	a	1,007,896
	Great Gray Trust Co	Small Cap Growth Fund II Fee Class II	a	568,063
				137,324,508
<b>Stable value fund:</b>				
	Great Gray Trust Co	Stable Value Fund Fee Class II	a	3,390,760
				3,390,760
<b>Mutual funds:</b>				
	American Funds	American Funds New World R6	a	682,598
	Fidelity Investments	Fidelity Inflation Protected Bond Index	a	594,854
	Fidelity Investments	Fidelity Mid Cap Index	a	3,018,288
	Fidelity Investments	Fidelity Small Cap Index	a	1,945,245
	PGIM Investments	PGIM Global Total Return R6	a	113,275
	PGIM Investments	PGIM High-Yield R6	a	345,569
	Victory Capital Management	Victory Sycamore Established Value I	a	2,038,992
	Victory Capital Management	Victory Sycamore Small Company Opp R6	a	767,093
				9,505,914
<b>Total Investments</b>				\$ 150,221,182
*	Participant loans	Loans to participants with an interest rate of 4.25% to 10.50%	-	\$ 1,786,451

\* Represents a party-in-interest as defined by ERISA.

\*\* There is no maturity date, rate of interest, collateral, par or maturity value for investments in the Plan unless otherwise noted.

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

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Finance of America Companies 401(k) Plan

01-JAN-24 to 31-DEC-24

21-JAN-25 03:35:25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IISARFI			146,043.02	147,818.34
IISA35I			1,618,219.75	1,901,760.32
IISA45I			1,037,784.90	1,172,765.86
IISA55I			1,647,671.43	1,951,282.47
IISCRFI			664,463.69	675,792.77
IISC35I			258,059.95	272,809.11
IISC45I			152,178.55	171,062.72
IISC55I			219,403.11	257,818.64
IISMRFI			18,478,836.81	18,413,121.58
IISM35I			25,837,359.23	30,109,093.60
IISM45I			30,847,561.65	37,380,667.59
IISM55I			16,489,492.07	20,216,834.82
IRNWGX			658,628.02	682,597.85
IBREAI			1,264,523.61	1,358,846.02
IIGFCII			570,800.84	632,103.86
ICSURBE			500,693.56	635,632.71
IFSSNX			1,885,157.79	1,945,245.28
ISCGCI			567,869.38	568,063.15
IVSORX			769,674.73	767,093.18
IFSMDX			2,681,339.30	3,018,288.34
IWTMCGI			965,718.26	1,007,896.41
IVEVIX			1,997,469.66	2,038,991.91
IBREQII			9,612,835.24	13,295,352.13
ILIHII			2,604,543.93	4,121,342.27
IPTLVII			1,660,032.12	2,258,884.29
IBRUSDI			210,440.50	208,823.89
ICPBCLI			585,982.96	566,734.65
IFIPDX			651,499.84	594,853.42
IPGTQX			136,220.99	113,274.51
IPHYQX			350,320.94	345,569.25
ISVFCII			2,655,841.10	2,865,778.34
			<b>127,726,666.93</b>	<b>149,696,199.28</b>
PARTICIPANT LOANS				
	VARIOUS	4.250-10.500	1,785,625.72	1,786,451.22
FORFEITURES			491,206.70	524,982.24

Attachment to Form 5500, Schedule H, Part 4, Item I  
EIN # 80-0948242

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IISARFI			IndexSelect Aggressive Retire Fund CL I	IISA35I
IISA45I			IndexSelect Aggressive 2045 Fund CL I	IISA55I
IISCRFI			IndexSelect Conservative Ret Fund CL I	IISC35I
IISC45I			IndexSelect Conservative 2045 Fund CL I	IISC55I
IISMRFI			IndexSelect Moderate Retire Fund CL I	IISM35I
IISM45I			IndexSelect Moderate 2045 Fund CL I	IISM55I
IRNWGX			American Funds New World R6	IBREAI
IIGFCII			International Growth Fund II Class II	ICSURBE
IFSSNX			Fidelity Small Cap Index	ISCGCI
IVSORX			Victory Sycamore Small Company Opp R6	IFSMDX
IWTMCGI			Mid Cap Growth II	IVEVIX
IBREQI			BlackRock Equity Index 1	ILIHII
IPTLVII			Large Cap Value II	IBRUSD1
ICPBCL1			Core Plus Bond CL II	IFIPDX
IPGTQX			PGIM Global Total Return R6	IFIPDX
ISVFCII			Stable Value Fund Fee Class II	IPHYQX
			IndexSelect Aggressive 2035 Fund CL I	
			IndexSelect Aggressive 2055 Fund CL I	
			IndexSelect Conservative 2035 Fund CL I	
			IndexSelect Conservative 2055 Fund CL I	
			IndexSelect Moderate 2035 Fund CL I	
			IndexSelect Moderate 2055 Fund CL I	
			BlackRock EAFE Equity Index 1	
			Cohen & Steers U.S. Realty CII RS	
			Small Cap Growth Fund II Fee Class II	
			Fidelity Mid Cap Index	
			Victory Sycamore Established Value I	
			Large Cap Growth Fund III Fee Class II	
			BlackRock U.S. Debt Index 1	
			Fidelity Inflation Protected Bond Index	
			PGIM High-Yield R6	

LEGEND

INVESTMENT OPTION:

- IndexSelect Aggressive Retire Fund CL I
- IndexSelect Aggressive 2045 Fund CL I
- IndexSelect Conservative Ret Fund CL I
- IndexSelect Conservative 2045 Fund CL I
- IndexSelect Moderate Retire Fund CL I
- IndexSelect Moderate 2045 Fund CL I
- American Funds New World R6
- International Growth Fund II Class II
- Fidelity Small Cap Index
- Victory Sycamore Small Company Opp R6
- Mid Cap Growth II
- BlackRock Equity Index 1
- Large Cap Value II
- Core Plus Bond CL II
- PGIM Global Total Return R6
- Stable Value Fund Fee Class II

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year  
 CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year