

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) P

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>SA JANUS BALANCED STRATEGY (SA5DZ)</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>180</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMPOWER ANNUITY INSURANCE COMPANY</u></p> <p><u>8525 E. ORCHARD RD., 9T3</u> <u>GREENWOOD VILLAGE, CO 80111</u></p> <p><u>280 TRUMBULL ST.</u> <u>HARTFORD, CT 06103</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>06-1050034</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>800-338-4015</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/25/2025</u>	<u>DEANNE MONDRAGON</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<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>
<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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**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> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> <b>C</b> (Service Provider 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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SA JANUS BALANCED STRATEGY (SA5DZ)</u>	<b>B</b> Three-digit plan number (PN)	<u>▶</u> <u>180</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>06-1050034</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:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CENTRAL OHIO FARMERS COOP, INC/ MORRAL COMPANIES LLC 401K SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor CENTRAL OHIO FARMERS COOP, INC/ MORRAL COMPANIES LLC 401K SAFE HARBOR	<b>c</b> EIN-PN 91-1293157-001
<b>a</b>	Plan name COOSEMANS L.A., INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COOSEMANS L.A., INC. 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 95-4051954-001
<b>a</b>	Plan name KESSNER UMEBAYASHI BAIN AND MATSUNAGA, AAL, ALC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KESSNER UMEBAYASHI BAIN AND MATSUNAGA, AAL, ALC 401(K) RETIREMENT SAVI	<b>c</b> EIN-PN 99-0176309-001
<b>a</b>	Plan name HICKAM FEDERAL CREDIT UNION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HICKAM FEDERAL CREDIT UNION 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 99-0073450-001
<b>a</b>	Plan name HICKAM FEDERAL CREDIT UNIONBRANCH SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HICKAM FEDERAL CREDIT UNIONBRANCH SERVICES 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 99-0073450-001
<b>a</b>	Plan name CRARY, BUCHANAN P.A. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CRARY, BUCHANAN P.A. SAVINGS PLAN	<b>c</b> EIN-PN 59-1548347-001
<b>a</b>	Plan name INSPIRED 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSPIRED 401(K) PLAN	<b>c</b> EIN-PN 92-0996945-001
<b>a</b>	Plan name FARFIELD COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor FARFIELD COMPANY 401(K) PLAN	<b>c</b> EIN-PN 99-0431717-001
<b>a</b>	Plan name AVFUEL CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AVFUEL CORPORATION 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 38-2073252-001
<b>a</b>	Plan name ROMMEL COMPANIES 401K	
<b>b</b>	Name of plan sponsor ROMMEL COMPANIES 401K	<b>c</b> EIN-PN 52-1952278-001
<b>a</b>	Plan name THE AKRON PORCELAIN AND PLASTICS CO. MONEYPURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor THE AKRON PORCELAIN AND PLASTICS CO. MONEYPURCHASE PENSION PLAN	<b>c</b> EIN-PN 34-0058570-001
<b>a</b>	Plan name COMMUNICATIONS WKRS OF AMERICA 401(K) TAXDEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COMMUNICATIONS WKRS OF AMERICA 401(K) TAXDEFERRED SAVINGS PLAN	<b>c</b> EIN-PN 53-0246709-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>ARMED FORCES BENEFIT ASSOCIATION (AFBA) 401(K) INCENTIVE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARMED FORCES BENEFIT ASSOCIATION (AFBA) 401(K) INCENTIVE SAVINGS PLAN</b>	<b>c</b> EIN-PN <b>53-0209087-001</b>
<b>a</b>	Plan name <b>JFM ENTERPRISES, INC.</b>	
<b>b</b>	Name of plan sponsor <b>JFM ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>36-3803463-001</b>
<b>a</b>	Plan name <b>RJS CORPORATION PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RJS CORPORATION PROFIT SHARING PLAN AND TRUST</b>	<b>c</b> EIN-PN <b>34-0814010-001</b>
<b>a</b>	Plan name <b>NATIONAL FIRE ADJUSTMENT COMPANY MONEY PURCHASE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NATIONAL FIRE ADJUSTMENT COMPANY MONEY PURCHASE PLAN</b>	<b>c</b> EIN-PN <b>16-0978385-001</b>
<b>a</b>	Plan name <b>NATIONAL FIRE ADJUSTMENT</b>	
<b>b</b>	Name of plan sponsor <b>NATIONAL FIRE ADJUSTMENT</b>	<b>c</b> EIN-PN <b>16-0978385-001</b>
<b>a</b>	Plan name <b>MONEY PURCHASE PENSION PLAN FOR THE EMPLOYEES OF MIECO LLC</b>	
<b>b</b>	Name of plan sponsor <b>MONEY PURCHASE PENSION PLAN FOR THE EMPLOYEES OF MIECO LLC</b>	<b>c</b> EIN-PN <b>33-0040680-001</b>
<b>a</b>	Plan name <b>STANDARD MORTGAGE CORPORATION</b>	
<b>b</b>	Name of plan sponsor <b>STANDARD MORTGAGE CORPORATION</b>	<b>c</b> EIN-PN <b>72-0593959-001</b>
<b>a</b>	Plan name <b>ROSENBLUTH VACATIONS</b>	
<b>b</b>	Name of plan sponsor <b>ROSENBLUTH VACATIONS</b>	<b>c</b> EIN-PN <b>23-2878210-001</b>
<b>a</b>	Plan name <b>SOUTHEAST UTILITY TRAILER, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHEAST UTILITY TRAILER, LLC 401(K) PROFIT SHARING PLAN</b>	<b>c</b> EIN-PN <b>02-0793499-001</b>
<b>a</b>	Plan name <b>NIAGARA FALLS BRIDGE COMMISSION UNION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NIAGARA FALLS BRIDGE COMMISSION UNION 401(K) PLAN</b>	<b>c</b> EIN-PN <b>16-0569874-001</b>
<b>a</b>	Plan name <b>TONE SOFTWARE CORPORATION</b>	
<b>b</b>	Name of plan sponsor <b>TONE SOFTWARE CORPORATION</b>	<b>c</b> EIN-PN <b>95-2919787-001</b>
<b>a</b>	Plan name <b>BOSTON SHIPPING ASSOCIATION</b>	
<b>b</b>	Name of plan sponsor <b>BOSTON SHIPPING ASSOCIATION</b>	<b>c</b> EIN-PN <b>04-2034907-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name JONACO MACHINE DEFERRED SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JONACO MACHINE DEFERRED SAVINGS AND PROFIT SHARING PLAN	<b>c</b> EIN-PN 27-3546895-001
<b>a</b>	Plan name GEORGE E DELALLO COMPANY INC	
<b>b</b>	Name of plan sponsor GEORGE E DELALLO COMPANY INC	<b>c</b> EIN-PN 25-1127339-001
<b>a</b>	Plan name LADAS AND PARRY LLP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LADAS AND PARRY LLP 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 13-0945670-001
<b>a</b>	Plan name CEMLINE CORPORATION	
<b>b</b>	Name of plan sponsor CEMLINE CORPORATION	<b>c</b> EIN-PN 25-0396970-001
<b>a</b>	Plan name MSSNY/ESMSEF 401(K) PLAN	
<b>b</b>	Name of plan sponsor MSSNY/ESMSEF 401(K) PLAN	<b>c</b> EIN-PN 13-1030760-001
<b>a</b>	Plan name SHEET METAL WORKERS LOCAL 25 ANNUITY PLAN	
<b>b</b>	Name of plan sponsor SHEET METAL WORKERS LOCAL 25 ANNUITY PLAN	<b>c</b> EIN-PN 22-2586286-001
<b>a</b>	Plan name ACCURATE GAUGE AND MFG., INC.	
<b>b</b>	Name of plan sponsor ACCURATE GAUGE AND MFG., INC.	<b>c</b> EIN-PN 38-1845133-001
<b>a</b>	Plan name GRASSLAND EQUIP AND IRRIGATION	
<b>b</b>	Name of plan sponsor GRASSLAND EQUIP AND IRRIGATION	<b>c</b> EIN-PN 14-1460098-001
<b>a</b>	Plan name MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	
<b>b</b>	Name of plan sponsor MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	<b>c</b> EIN-PN 04-2103221-001
<b>a</b>	Plan name ELITECH GROUP INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELITECH GROUP INC PROFIT SHARING PLAN	<b>c</b> EIN-PN 87-0284733-001
<b>a</b>	Plan name WESTEX DRILLING COMPANY, LP EMPLOYEES' RETIREMENT AND TRUST	
<b>b</b>	Name of plan sponsor WESTEX DRILLING COMPANY, LP EMPLOYEES RETIREMENT AND TRUST	<b>c</b> EIN-PN 75-0942893-001
<b>a</b>	Plan name PLEASANT TRAVEL SERVICE SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PLEASANT TRAVEL SERVICE SALARY SAVINGS PLAN	<b>c</b> EIN-PN 95-2222689-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE HOGAN FAMILY FOUNDATION, INC SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE HOGAN FAMILY FOUNDATION, INC SALARY SAVINGS PLAN	<b>c</b> EIN-PN 36-4254944-001
<b>a</b>	Plan name PMP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PMP RETIREMENT PLAN	<b>c</b> EIN-PN 39-1503124-001
<b>a</b>	Plan name LOTTE GLOBAL LOGISTICS (NORTH AMERICA) INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOTTE GLOBAL LOGISTICS (NORTH AMERICA) INC. 401(K) PLAN	<b>c</b> EIN-PN 33-0398397-001
<b>a</b>	Plan name MONTGOMERY HARDWARE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MONTGOMERY HARDWARE COMPANY 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 95-1626208-001
<b>a</b>	Plan name POTTSTOWN MEDICAL SPECIALISTS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor POTTSTOWN MEDICAL SPECIALISTS, INC. PROFIT SHARING 401(K) PLAN	<b>c</b> EIN-PN 23-2067171-001
<b>a</b>	Plan name METIS ASSOCIATES, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor METIS ASSOCIATES, INC. SAVINGS PLAN	<b>c</b> EIN-PN 13-2908891-001
<b>a</b>	Plan name WEDGEWOOD PHYSICIANS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WEDGEWOOD PHYSICIANS, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 81-4770616-001
<b>a</b>	Plan name BHA/WES 401(K) PLAN	
<b>b</b>	Name of plan sponsor BHA/WES 401(K) PLAN	<b>c</b> EIN-PN 47-4473515-001
<b>a</b>	Plan name PIA AUTOMATION US INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PIA AUTOMATION US INC. 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 38-3347788-001
<b>a</b>	Plan name LOCAL UNION NO. 9 IBEW AND OUTSIDE CONTRACTORS DC PENSION FUND	
<b>b</b>	Name of plan sponsor LOCAL UNION NO. 9 IBEW AND OUTSIDE CONTRACTORS DC PENSION FUND	<b>c</b> EIN-PN 36-4301166-001
<b>a</b>	Plan name BRADFORD SOAP INTL, INC. RETIREMENT SAVINGS AND PS PLAN	
<b>b</b>	Name of plan sponsor BRADFORD SOAP INTL, INC. RETIREMENT SAVINGS AND PS PLAN	<b>c</b> EIN-PN 05-0495804-001
<b>a</b>	Plan name BONLAND INDUSTRIES, INC	
<b>b</b>	Name of plan sponsor BONLAND INDUSTRIES, INC	<b>c</b> EIN-PN 22-1591400-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	LUCID MANAGEMENT AND CAPITAL PARTNERS LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUCID MANAGEMENT AND CAPITAL PARTNERS LP 401(K) PLAN	<b>c</b> EIN-PN 81-5077149-001
<b>a</b>	Plan name	DIRTBAG'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIRTBAGS 401(K) PLAN	<b>c</b> EIN-PN 20-2358860-001
<b>a</b>	Plan name	PACELINE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACELINE CONSTRUCTION 401(K) PLAN	<b>c</b> EIN-PN 20-6011161-001
<b>a</b>	Plan name	MOSS CONSTRUCTION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOSS CONSTRUCTION COMPANY 401(K) PLAN	<b>c</b> EIN-PN 54-2021239-001
<b>a</b>	Plan name	JOHANNES BUS SERVICE, INC.	
<b>b</b>	Name of plan sponsor	JOHANNES BUS SERVICE, INC.	<b>c</b> EIN-PN 36-2554115-001
<b>a</b>	Plan name	PRESIDENTIAL EXTERIORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESIDENTIAL EXTERIORS 401(K) PLAN	<b>c</b> EIN-PN 47-3930493-001
<b>a</b>	Plan name	HEARTFELT OBSTETRICS AND GYNECOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEARTFELT OBSTETRICS AND GYNECOLOGY 401(K) PLAN	<b>c</b> EIN-PN 27-3396130-001
<b>a</b>	Plan name	BARTNIK TRUCKING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARTNIK TRUCKING, INC. 401(K) PLAN	<b>c</b> EIN-PN 39-1319469-001
<b>a</b>	Plan name	STEPUP IT SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEPUP IT SERVICES, LLC 401(K) PLAN	<b>c</b> EIN-PN 32-0473765-001
<b>a</b>	Plan name	QUEST HEALTH SOLUTIONS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUEST HEALTH SOLUTIONS LLC 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 81-4541240-001
<b>a</b>	Plan name	MANNINGTON 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MANNINGTON 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 21-0506420-001
<b>a</b>	Plan name	ACTIVE INTERNATIONAL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ACTIVE INTERNATIONAL 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 13-3242591-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SMR AUTOMOTIVE SYSTEMS USA, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMR AUTOMOTIVE SYSTEMS USA, INC. EMPLOYEES 401(K) PLAN	<b>c</b> EIN-PN 38-2898513-001
<b>a</b>	Plan name ELMHURST CLINIC	
<b>b</b>	Name of plan sponsor ELMHURST CLINIC	<b>c</b> EIN-PN 36-4266808-001
<b>a</b>	Plan name ISMIE MUTUAL INSURANCE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ISMIE MUTUAL INSURANCE COMPANY 401(K) PLAN	<b>c</b> EIN-PN 36-2883612-001
<b>a</b>	Plan name MAROTTA CONTROLS, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAROTTA CONTROLS, INC. EMPLOYEES 401(K) PLAN	<b>c</b> EIN-PN 22-1528122-001
<b>a</b>	Plan name NEIGHBORWORKS AMERICA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEIGHBORWORKS AMERICA RETIREMENT PLAN	<b>c</b> EIN-PN 52-1148078-001
<b>a</b>	Plan name WALDEMAR S. NELSON AND COMPANY INC 401(K) RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor WALDEMAR S. NELSON AND COMPANY INC 401(K) RETIREMENT PLAN AND TRUST	<b>c</b> EIN-PN 72-0488863-001
<b>a</b>	Plan name FAIRFIELD 401(K) PLAN	
<b>b</b>	Name of plan sponsor FAIRFIELD 401(K) PLAN	<b>c</b> EIN-PN 33-0775355-001
<b>a</b>	Plan name BRESLIN REALTY DEVELOPMENT CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRESLIN REALTY DEVELOPMENT CORP. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-2099357-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR EMPLOYSHARE, INC.	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR EMPLOYSHARE, INC.	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ABSOLUTE GROUP, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ABSOLUTE GROUP, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AEGIS FP SERVICES, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AEGIS FP SERVICES, LL	<b>c</b> EIN-PN 34-1832544-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR A. HUGG, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR A. HUGG, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AMTA, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AMTA, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ASHFORD WEALTH ADVISORS, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ASHFORD WEALTH ADVISO	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BRAD A. SWARTZWELDER, INC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BRAD A. SWARTZWELDER,	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BEN C SMITH JR	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BEN C SMITH JR	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BOBBY D. HARRIS	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BOBBY D. HARRIS	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BERLIN AND ASSOCIATES, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BERLIN AND ASSOCIATES	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AB DYNAMIC SOLUTIONS, INC.	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AB DYNAMIC SOLUTIONS,	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN BWT FINANCIAL, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN BWT FINANCIAL, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BERISS AND ASSOCIATES, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BERISS AND ASSOCIATES	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CCWF2, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CCWF2, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CHARLES M. EVANS	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CHARLES M. EVANS	<b>c</b> EIN-PN 34-1832544-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR COOP, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR COOP, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CALANDER WEALTH MANAGEMENT, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CALANDER WEALTH MANAG	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JEFF M. CROSBY	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JEFF M. CROSBY	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DLIGHT INC.	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DLIGHT INC.	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THE DEHONEY GROUP, INC.	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THE DEHONEY GROUP, IN	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DAVID M MEDICK, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DAVID M MEDICK, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DSW ENTERPRISES, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DSW ENTERPRISES, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DILWORTH MANAGEMENT GROUP LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DILWORTH MANAGEMENT G	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DAVID M KLEINER, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DAVID M KLEINER, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ELAINA A. CARLSON	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ELAINA A. CARLSON	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ESCO AND ASSOCIATES, INC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ESCO AND ASSOCIATES,	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR EDWARD M. TILGHMAN	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR EDWARD M. TILGHMAN	<b>c</b> EIN-PN 34-1832544-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ER GREEN OPERATIONAL SERVICES, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ER GREEN OPERATIONAL	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FRENCH COMPASS LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FRENCH COMPASS LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FINN FINANCIAL, INC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FINN FINANCIAL, INC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FRONTLINE GROUP, INC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FRONTLINE GROUP, INC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FP MATTERS, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FP MATTERS, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FINANCIAL PLANNING PARTNERS, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FINANCIAL PLANNING PA	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GEORGE G. SMOJVER	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GEORGE G. SMOJVER	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR VELOCITY CAPITAL MANAGEMENT, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR VELOCITY CAPITAL MANA	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GREEN VISTA, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GREEN VISTA, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GREAT SERVICE MODEL, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GREAT SERVICE MODEL,	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HURWITZ AND ASSOCIATES, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HURWITZ AND ASSOCIATE	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HAMTECH, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HAMTECH, LLC	<b>c</b> EIN-PN 34-1832544-001

Part II	<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HH BMD ENTERPRISES LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HH BMD ENTERPRISES LL	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HAWKINS AND ASSOCIATES, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HAWKINS AND ASSOCIATE	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR IRONSIDES OPERATIONAL SUPPORT, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR IRONSIDES OPERATIONAL	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ILSK, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ILSK, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JIN AND ASSOCIATES, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JIN AND ASSOCIATES, L	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JASON D. DUNN	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JASON D. DUNN	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CIRKSENA, KNIGHT, JACOBSEN, SIEPS AND KRESSE, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CIRKSENA, KNIGHT, JAC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR J. LYNNE CONSULTING, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR J. LYNNE CONSULTING,	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JEFFERY N EVANS	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JEFFERY N EVANS	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR J AND R OPERATIONS, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR J AND R OPERATIONS, L	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR KIMBERLEE M.O., LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR KIMBERLEE M.O., LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LLLII, INC.	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LLLII, INC.	<b>c</b> EIN-PN 34-1832544-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LUNG, SHIRING AND ASSOCIATES, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LUNG, SHIRING AND ASS	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LEVI SHANE BRANDRISS	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LEVI SHANE BRANDRISS	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MARBAN AND ASSOCIATES, INC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MARBAN AND ASSOCIATES	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MATTHEW D ORMAN	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MATTHEW D ORMAN	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CHRISTOPHER M. GURLEY	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CHRISTOPHER M. GURLEY	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LFS MANAGEMENT, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LFS MANAGEMENT, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MORTGAGE LENDING SOLUTIONS, INC.	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MORTGAGE LENDING SOLU	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR METZLER MANAGEMENT COMPANY, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR METZLER MANAGEMENT CO	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THE OBRIEN GROUP	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THE OBRIEN GROUP	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PROFESSIONAL MANAGEMENT GROUP	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PROFESSIONAL MANAGEME	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LANDJ OPERATIONS LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LANDJ OPERATIONS LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MICHAEL T. BREZOVEC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MICHAEL T. BREZOVEC	<b>c</b> EIN-PN 34-1832544-001

Part II	<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MBS MANAGEMENT, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MBS MANAGEMENT, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR NINTH AVENUE, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR NINTH AVENUE, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PRO STANDARD PRIVATE WEALTH, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PRO STANDARD PRIVATE	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ORION MOULTON, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ORION MOULTON, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ONE TEN PARTNERS, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ONE TEN PARTNERS, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WEALTH INSIGHT GROUP, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WEALTH INSIGHT GROUP,	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PLNR GROUP, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PLNR GROUP, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R AND D HOLDINGS, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R AND D HOLDINGS, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR REDEFINED HORIZONS, INC.	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR REDEFINED HORIZONS, I	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR RANDAL J FARABAUGH	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR RANDAL J FARABAUGH	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R.O. MILLS MANAGEMENT LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R.O. MILLS MANAGEMENT	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R7 WEALTH MANAGEMENT LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R7 WEALTH MANAGEMENT	<b>c</b> EIN-PN 34-1832544-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SPOKEN DESTINY, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SPOKEN DESTINY, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR S.E. WATER TOWER OPERATIONAL SUPPORT, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR S.E. WATER TOWER OPER	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SECOND BASE ADVISORS, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SECOND BASE ADVISORS,	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SHIVA P. BHASHYAM	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SHIVA P. BHASHYAM	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR STANLEY C. LEONG	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR STANLEY C. LEONG	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SOMMERVILLE PARTNERS, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SOMMERVILLE PARTNERS,	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR 5 STONE HOLDINGS, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR 5 STONE HOLDINGS, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SANLEO GROUP, INC.	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SANLEO GROUP, INC.	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR STEVEN T MARSHALL	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR STEVEN T MARSHALL	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SKYLER TEBO	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SKYLER TEBO	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SAVOR, INC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SAVOR, INC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SOUTHAMPTON BUSINESS GROUP, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SOUTHAMPTON BUSINESS	<b>c</b> EIN-PN 34-1832544-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LBYD, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LBYD, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MMM CONSULTING GROUP, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MMM CONSULTING GROUP,	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR TMGQG, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR TMGQG, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THOMAS P SHORTREED AND ASSOCIATES, LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THOMAS P SHORTREED AN	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR VAN TASSEL LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR VAN TASSEL LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WDA, INC.	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WDA, INC.	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WILLIAMSON FINANCIAL PLANNING, INC.	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WILLIAMSON FINANCIAL	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WAYPOINTE OPERATIONAL SERVICES LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WAYPOINTE OPERATIONAL	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CAPUTO INSURANCE AGENCY, INC.	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CAPUTO INSURANCE AGEN	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LIFE VA. LLC	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LIFE VA. LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN MARGUERITA M. CHENG	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN MARGUERITA M. CHENG	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN MICHAEL MATUS	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN MICHAEL MATUS	<b>c</b> EIN-PN 34-1832544-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR OUTLIER OPERATIONAL SERVICES, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR OUTLIER OPERATIONAL S	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN PROVENZANO GROUP	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN PROVENZANO GROUP	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN THE HALPIN COMPANY, INC.	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN THE HALPIN COMPANY, INC.	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN SEO AND ASSOCIATES	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN SEO AND ASSOCIATES	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN CJR CONSULTING LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN CJR CONSULTING LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN KUPAA OPERATIONAL SUPPORT, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN KUPAA OPERATIONAL SUPPORT	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN SWAG PRO LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN SWAG PRO LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN C.D.A. OPERATIONAL SUPPORT, LLC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN C.D.A. OPERATIONAL SUPPOR	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN BLAIR CAPITAL GROUP, LLC DBA SAGE PRIVATE WEALTH SERVIC	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN BLAIR CAPITAL GROUP, LLC	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN TEMPLATE	
<b>b</b>	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN TEMPLATE	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name CLAWSON COMMUNICATIONS, INC. PLAN	
<b>b</b>	Name of plan sponsor CLAWSON COMMUNICATIONS, INC. PLAN	<b>c</b> EIN-PN 35-1608918-001
<b>a</b>	Plan name WESTERN NY HARNESS HORSEMANS ASSN INC RETIREMENT I	
<b>b</b>	Name of plan sponsor WESTERN NY HARNESS HORSEMANS ASSN INC RETIREMENT I	<b>c</b> EIN-PN 16-0874671-001

<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>SA JANUS BALANCED STRATEGY (SA5DZ)</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>180</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EMPOWER ANNUITY INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1050034</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	674966      922074
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2284817      3139086
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	6712731      3474904
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	6887142      10207213
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	47013512      58848454
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0      478579
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<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>	15284035      19536737

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	78857203	96607047
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1812844	3023671
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1812844	3023671
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	77044359	93583376

**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>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(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>		0
<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>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	1543151	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1543151
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	548128	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		548128
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	7179411	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1609289	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		10879979

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		0
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)	101792	
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	544412	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	2116	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		648320
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		648320

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		10231659
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		26650421
(2) From this plan .....	2l(2)		20343063

**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:

(2) EIN:

**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.)			
<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.)			
<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.)			
<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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<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?			
<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?			
<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?			
<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.)			
<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.)			
<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?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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