Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 08/09/2024 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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [X] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
REWIRING AMERICA, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/09/2024

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
REWIRING AMERICA, INC.

6218 GEORGIA AVENUE NW SUITE 1
WASHINGTON, DC 20011

2b Employer Identification Number (EIN) 93-2830316

2c Plan Sponsor's telephone number 202-417-8065

2d Business code (see instructions) 813312

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	PLAN SPONSOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	0
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	122
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	122
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	122
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	0
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	122
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2G 2J 2K 3D 2T

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 08/09/2024 and ending 12/31/2024

A Name of plan
REWIRING AMERICA, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
REWIRING AMERICA, INC.

D Employer Identification Number (EIN)
93-2830316

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	522623-01	13	08/09/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	10621

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 08/09/2024 and ending 12/31/2024

A Name of plan	**B** Three-digit plan number (PN) ▶	
REWIRING AMERICA, INC. 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
REWIRING AMERICA, INC.	93-2830316	

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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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	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 08/09/2024 and ending 12/31/2024

A Name of plan
REWIRING AMERICA, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
REWIRING AMERICA, INC.

D Employer Identification Number (EIN)
93-2830316

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

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH/JENNISON FUND

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

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)
06-1050034-408	P	7057

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA DIVIDEND VALUEIS PLATFORM

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

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)
06-1050034-785	P	3564

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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.)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 08/09/2024 and ending 12/31/2024

A Name of plan
REWIRING AMERICA, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
REWIRING AMERICA, INC.

D Employer Identification Number (EIN)
93-2830316

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	8422
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	10621
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	4320666
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	0	4339709
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	0	4339709

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	517401	
(B) Participants	2a(1)(B)	595022	
(C) Others (including rollovers)	2a(1)(C)	3376240	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4488663
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	74556	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		74556
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		49
(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)		-223559
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		4339709
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(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)		0
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		0
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4339709
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: **(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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		84368
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 08/09/2024 and ending 12/31/2024

A Name of plan
REWIRING AMERICA, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
REWIRING AMERICA, INC.

D Employer Identification Number (EIN)
93-2830316

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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 |

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
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	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 .

Total that Constitutes Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$84,367.98				$84,367.98

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRRCX			22,293.39	21,253.47
1TRRJX			9,727.38	9,401.26
1TRRDX			318,939.03	304,172.90
1TRRKX			1,686,518.24	1,595,422.92
1TRRMX			487,338.07	463,451.97
1TRRNX			487,375.98	463,979.63
1TRRLX			452,482.23	430,863.22
1TRSJX			207,545.13	197,314.46
1GGSIX			31,680.51	29,521.00
1PIUHX			50,997.04	49,502.04
1JATAX			15,790.51	14,925.57
1PIREX			11,038.93	10,385.27
1VMIAX			5,265.18	4,841.13
1FECGX			42,347.49	40,095.08
1VEXRX			94,976.89	85,404.81
1VSMAX			48,725.99	46,262.41
1VSIAX			31,203.66	29,414.61
1CVERX			1,159.86	1,098.89
1VIMAX			91,120.57	86,659.87
1VFIAX			406,960.79	396,542.74
1H0051A			3,635.59	3,563.91
1H0109A			6,936.49	7,057.06
1FBKWX			17,188.34	16,878.72
1NERYX			9,781.62	9,575.55
1LDLVX			13,119.07	13,061.48
1PRLPX			227.51	224.80
1GOVXX			394.71	394.71
			4,554,770.20	**4,331,269.48**
FORFEITURES			16.97	16.97

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 93-2830316

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1TRRCX	T. Rowe Price Retirement 2030 Fund
1TRRDX	T. Rowe Price Retirement 2040 Fund
1TRRMX	T. Rowe Price Retirement 2050 Fund
1TRRLX	T. Rowe Price Retirement 2060 Fund
1GGSIX	Goldman Sachs Growth Strat Instl
1JATAX	Janus Henderson Global Tech Innovation A
1VMIAX	Vanguard Materials Index Adm
1VEXRX	Vanguard Explorer Adm
1VSIAX	Vanguard Small Cap Value Index Admiral
1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1H0051A	Columbia Dividend Value (IS Platform)
1FBKWX	Fidelity Advisor Total Bond Z
1LDLVX	Lord Abbett Short Duration Income R6
1GOVXX	Federated Hermes Govt Obl Advisor
1TRRJX	T. Rowe Price Retirement 2035 Fund
1TRRKX	T. Rowe Price Retirement 2045 Fund
1TRRNX	T. Rowe Price Retirement 2055 Fund
1TRSJX	T. Rowe Price Retirement 2065 Fund
1PIUHX	PIMCO StocksPLUS Intl (USD-Hedged) P
1PIREX	Principal Real Estate Securities Inst
1FECGX	Fidelity Small Cap Growth Index
1VSMAX	Vanguard Small Cap Index Adm
1CVERX	Columbia Select Mid Cap Value Instl 2
1VFIAX	Vanguard 500 Index Admiral
1H0109A	Large Cap Growth / Jennison Fund
1NERYX	Loomis Sayles Core Plus Bond Y
1PRLPX	PIMCO Real Return P

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

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
4GOVXX	16.97	16.970000	3	0.00	0.000000	0	0.00	SERIES
1TRRCX	26,258.84	976.165815	52	(3,940.32)	(147.247220)	15	(3,965.44)	SERIES
1TRRJX	14,160.05	647.955623	47	(4,350.01)	(201.763903)	13	(4,432.67)	SERIES
1TRRDX	318,923.26	9,949.552171	207	15.88	0.492475	36	15.79	SERIES
1TRRKX	1,705,009.32	72,476.665384	363	(18,685.13)	(804.476728)	91	(18,491.01)	SERIES
1TRRMX	487,324.10	24,468.775773	470	14.06	0.705311	92	13.99	SERIES
1TRRNX	495,127.45	23,704.276547	632	(7,656.32)	(376.995400)	107	(7,751.47)	SERIES
1TRRLX	452,467.59	25,986.081325	558	14.73	0.844659	114	14.67	SERIES
1TRSJX	207,539.49	15,342.853177	255	5.67	0.418643	45	5.65	SERIES
1GGSIX	31,679.80	1,555.339143	35	0.71	0.034804	5	0.71	SERIES
1PIUHX	50,996.78	6,000.220702	230	0.26	0.030266	9	0.26	SERIES
1JATAX	15,789.85	251.134971	84	0.66	0.010540	21	0.66	SERIES
1PIREX	11,038.89	369.319049	258	0.04	0.001342	3	0.04	SERIES
1VMIAX	5,264.98	50.579201	23	0.20	0.001932	9	0.20	SERIES
1FECGX	42,347.13	1,446.942272	247	0.36	0.012232	8	0.36	SERIES
1VEXRX	94,976.79	799.295498	95	0.10	0.000832	4	0.10	SERIES
1VSMAX	48,725.70	401.720629	233	0.29	0.002379	10	0.29	SERIES
1VSIAX	31,203.49	345.361687	253	0.17	0.001880	13	0.17	SERIES
1CVERX	1,159.82	75.993316	214	0.04	0.002590	4	0.04	SERIES
1VIMAX	91,120.12	265.118975	287	0.45	0.001308	15	0.45	SERIES
1VFIAX	406,958.47	730.599915	446	2.36	0.004232	70	2.35	SERIES
1H0051A	3,635.55	89.565479	154	0.04	0.000984	4	0.04	SERIES
1H0109A	6,936.23	583.082262	222	0.27	0.021834	11	0.26	SERIES
1FBKWX	17,188.20	1,797.506604	85	0.14	0.014701	7	0.14	SERIES
1NERYX	9,781.59	845.894122	38	0.03	0.002604	1	0.03	SERIES
1LDLVX	13,119.02	3,383.788327	46	0.05	0.012920	1	0.05	SERIES
1PRLPX	227.51	22.547752	22	0.00	0.000000	0	0.00	SERIES
1GOVXX	394.71	394.710000	21	0.00	0.000000	0	0.00	SERIES
5% TRANSACTIONS								
1TRRCX	1,237.50	45.833331	6	0.00	0.000000	0	0.00	16-OCT-24
1TRRJX	1,094.32	49.696638	5	0.00	0.000000	0	0.00	16-OCT-24
1TRRDX	5,176.38	161.964332	21	0.00	0.000000	0	0.00	16-OCT-24
1TRRKX	11,880.01	511.848776	41	0.00	0.000000	0	0.00	16-OCT-24
1TRRMX	9,871.89	500.349211	52	0.00	0.000000	0	0.00	16-OCT-24
1TRRNX	9,310.91	449.585230	59	0.00	0.000000	0	0.00	16-OCT-24
1TRRLX	9,459.51	548.059680	63	0.00	0.000000	0	0.00	16-OCT-24
1TRSJX	3,232.82	241.075323	27	0.00	0.000000	0	0.00	16-OCT-24
1GGSIX	628.14	30.242658	3	0.00	0.000000	0	0.00	16-OCT-24
1PIUHX	468.86	55.290093	24	0.00	0.000000	0	0.00	16-OCT-24
1JATAX	482.13	7.441426	9	0.00	0.000000	0	0.00	16-OCT-24
1PIREX	150.89	4.880012	24	0.00	0.000000	0	0.00	16-OCT-24
1VMIAX	118.14	1.083357	3	0.00	0.000000	0	0.00	16-OCT-24
1FECGX	313.25	11.112098	27	0.00	0.000000	0	0.00	16-OCT-24
1VEXRX	798.77	6.859339	8	0.00	0.000000	0	0.00	16-OCT-24
1VSMAX	557.12	4.797795	24	0.00	0.000000	0	0.00	16-OCT-24
1VSIAX	291.44	3.312567	28	0.00	0.000000	0	0.00	16-OCT-24
1CVERX	37.80	2.407642	24	0.00	0.000000	0	0.00	16-OCT-24
1VIMAX	693.54	2.076348	27	0.00	0.000000	0	0.00	16-OCT-24
1VFIAX	4,029.70	7.470568	45	0.00	0.000000	0	0.00	16-OCT-24
1H0051A	59.47	1.453572	20	0.00	0.000000	0	0.00	16-OCT-24
1H0109A	321.23	27.842961	30	0.00	0.000000	0	0.00	16-OCT-24

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1FBKWX	15.07	1.560041	2	0.00	0.000000	0	0.00	16-OCT-24
1NERYX	25.11	2.142491	2	0.00	0.000000	0	0.00	16-OCT-24
1LDLVX	5.02	1.293815	2	0.00	0.000000	0	0.00	16-OCT-24
1PRLPX	5.02	0.490234	2	0.00	0.000000	0	0.00	16-OCT-24
1TRRCX	6,572.34	244.143388	8	0.00	0.000000	0	0.00	21-OCT-24
1TRRJX	5,969.34	271.827870	10	0.00	0.000000	0	0.00	21-OCT-24
1TRRDX	38,710.25	1,213.867982	32	0.00	0.000000	0	0.00	21-OCT-24
1TRRKX	72,120.09	3,112.649546	62	0.00	0.000000	0	0.00	21-OCT-24
1TRRMX	53,292.13	2,703.811772	78	0.00	0.000000	0	0.00	21-OCT-24
1TRRNX	67,813.15	3,279.165865	96	0.00	0.000000	0	0.00	21-OCT-24
1TRRLX	54,191.30	3,143.346865	90	0.00	0.000000	0	0.00	21-OCT-24
1TRSJX	20,120.34	1,502.639282	34	0.00	0.000000	0	0.00	21-OCT-24
1GGSIX	2,721.89	131.301979	4	0.00	0.000000	0	0.00	21-OCT-24
1PIUHX	3,526.26	415.342762	44	0.00	0.000000	0	0.00	21-OCT-24
1JATAX	2,630.49	40.025718	16	0.00	0.000000	0	0.00	21-OCT-24
1PIREX	992.60	32.737468	40	0.00	0.000000	0	0.00	21-OCT-24
1VMIAX	533.13	4.904601	4	0.00	0.000000	0	0.00	21-OCT-24
1FECGX	4,272.05	154.225635	50	0.00	0.000000	0	0.00	21-OCT-24
1VEXRX	6,834.75	59.499871	16	0.00	0.000000	0	0.00	21-OCT-24
1VSMAX	3,528.78	30.759935	40	0.00	0.000000	0	0.00	21-OCT-24
1VSIAX	1,686.46	19.447186	48	0.00	0.000000	0	0.00	21-OCT-24
1CVERX	248.30	15.926879	40	0.00	0.000000	0	0.00	21-OCT-24
1VIMAX	5,008.52	15.070018	48	0.00	0.000000	0	0.00	21-OCT-24
1VFIAX	29,240.81	54.097554	76	0.00	0.000000	0	0.00	21-OCT-24
1H0051A	1,067.79	26.314381	36	0.00	0.000000	0	0.00	21-OCT-24
1H0109A	2,127.43	182.156014	52	0.00	0.000000	0	0.00	21-OCT-24
1FBKWX	523.51	54.703239	8	0.00	0.000000	0	0.00	21-OCT-24
1NERYX	308.45	26.590516	4	0.00	0.000000	0	0.00	21-OCT-24
1LDLVX	61.68	15.896908	4	0.00	0.000000	0	0.00	21-OCT-24
1PRLPX	61.68	6.070866	4	0.00	0.000000	0	0.00	21-OCT-24
1GOVXX	135.37	135.370000	4	0.00	0.000000	0	0.00	21-OCT-24
1TRRCX	0.00	0.000000	0	(3,941.54)	(147.292139)	2	(3,966.66)	24-OCT-24
1GGSIX	591.23	28.756323	2	0.00	0.000000	0	0.00	24-OCT-24
1VSMAX	394.16	3.464534	2	0.00	0.000000	0	0.00	24-OCT-24
1VIMAX	394.16	1.195801	2	0.00	0.000000	0	0.00	24-OCT-24
1VFIAX	1,773.69	3.306286	2	0.00	0.000000	0	0.00	24-OCT-24
1LDLVX	788.30	203.695091	2	0.00	0.000000	0	0.00	24-OCT-24
1NERYX	1.08	0.093669	2	0.00	0.000000	0	0.00	25-OCT-24
1TRRCX	2,058.33	77.702152	4	0.00	0.000000	0	0.00	31-OCT-24
1TRRJX	933.34	43.290352	3	(4,350.68)	(201.794106)	6	(4,433.34)	31-OCT-24
1TRRDX	15,103.00	483.450705	16	0.00	0.000000	0	0.00	31-OCT-24
1TRRKX	25,971.42	1,145.629467	31	0.00	0.000000	0	0.00	31-OCT-24
1TRRMX	18,714.06	971.149976	40	0.00	0.000000	0	0.00	31-OCT-24
1TRRNX	20,484.56	1,013.084076	48	0.00	0.000000	0	0.00	31-OCT-24
1TRRLX	19,069.19	1,131.031438	46	0.00	0.000000	0	0.00	31-OCT-24
1TRSJX	8,615.94	658.207791	18	0.00	0.000000	0	0.00	31-OCT-24
1GGSIX	628.13	31.018765	2	0.00	0.000000	0	0.00	31-OCT-24
1PIUHX	992.07	119.960095	22	0.00	0.000000	0	0.00	31-OCT-24
1JATAX	831.67	13.035579	8	0.00	0.000000	0	0.00	31-OCT-24
1PIREX	812.98	27.135513	24	0.00	0.000000	0	0.00	31-OCT-24
1VMIAX	128.75	1.227359	2	0.00	0.000000	0	0.00	31-OCT-24
1FECGX	1,900.95	70.327413	25	0.00	0.000000	0	0.00	31-OCT-24
1VEXRX	2,395.71	21.297092	8	0.00	0.000000	0	0.00	31-OCT-24

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1VSMAX	928.89	8.228274	20	0.00	0.000000	0	0.00	31-OCT-24
1VSIAX	496.39	5.813889	24	0.00	0.000000	0	0.00	31-OCT-24
1CVERX	68.83	4.492818	20	0.00	0.000000	0	0.00	31-OCT-24
1VIMAX	1,409.63	4.332790	24	0.00	0.000000	0	0.00	31-OCT-24
1VFIAX	12,865.36	24.418007	42	0.00	0.000000	0	0.00	31-OCT-24
1H0051A	336.34	8.446411	18	0.00	0.000000	0	0.00	31-OCT-24
1H0109A	736.70	64.917153	26	0.00	0.000000	0	0.00	31-OCT-24
1FBKWX	999.50	104.989496	12	0.00	0.000000	0	0.00	31-OCT-24
1NERYX	141.67	12.308428	2	0.00	0.000000	0	0.00	31-OCT-24
1LDLVX	29.21	7.547803	6	0.00	0.000000	0	0.00	31-OCT-24
1PRLPX	28.36	2.807920	4	0.00	0.000000	0	0.00	31-OCT-24
1GOVXX	42.92	42.920000	4	0.00	0.000000	0	0.00	31-OCT-24
1TRRNX	0.00	0.000000	0	(7,671.95)	(377.742391)	2	(7,767.02)	04-NOV-24
1VSMAX	767.20	6.758280	2	0.00	0.000000	0	0.00	04-NOV-24
1VIMAX	767.20	2.358873	2	0.00	0.000000	0	0.00	04-NOV-24
1VFIAX	6,137.55	11.632960	2	0.00	0.000000	0	0.00	04-NOV-24
1TRRCX	0.00	0.000000	0	0.27	0.009992	6	0.27	12-NOV-24
1TRRJX	0.00	0.000000	0	0.13	0.005890	3	0.13	12-NOV-24
1TRRDX	70,973.39	2,212.387469	1	2.05	0.063905	16	2.05	12-NOV-24
1TRRKX	0.00	0.000000	0	4.09	0.175311	27	4.09	12-NOV-24
1TRRMX	0.00	0.000000	0	3.01	0.151706	40	3.01	12-NOV-24
1TRRNX	0.00	0.000000	0	3.40	0.163222	45	3.39	12-NOV-24
1TRRLX	0.00	0.000000	0	3.11	0.179137	46	3.11	12-NOV-24
1TRSJX	0.00	0.000000	0	1.14	0.084573	17	1.14	12-NOV-24
1GGSIX	0.00	0.000000	0	0.17	0.008177	2	0.17	12-NOV-24
1JATAX	0.00	0.000000	0	0.13	0.001915	7	0.13	12-NOV-24
1PIREX	0.00	0.000000	0	0.02	0.000670	2	0.02	12-NOV-24
1VMIAX	0.00	0.000000	0	0.05	0.000474	3	0.05	12-NOV-24
1FECGX	0.00	0.000000	0	0.08	0.002696	4	0.08	12-NOV-24
1VEXRX	0.00	0.000000	0	0.02	0.000166	1	0.02	12-NOV-24
1VSMAX	0.00	0.000000	0	0.03	0.000247	2	0.03	12-NOV-24
1VSIAX	0.00	0.000000	0	0.06	0.000660	6	0.06	12-NOV-24
1CVERX	0.00	0.000000	0	0.02	0.001252	2	0.02	12-NOV-24
1VIMAX	0.00	0.000000	0	0.03	0.000087	2	0.03	12-NOV-24
1VFIAX	0.00	0.000000	0	0.66	0.001191	21	0.65	12-NOV-24
1H0109A	0.00	0.000000	0	0.06	0.004996	4	0.06	12-NOV-24
1FBKWX	0.00	0.000000	0	0.04	0.004220	3	0.04	12-NOV-24
1TRRCX	2,058.33	77.148800	4	0.00	0.000000	0	0.00	15-NOV-24
1TRRJX	1,284.85	59.100736	3	0.00	0.000000	0	0.00	15-NOV-24
1TRRDX	15,103.00	478.548794	16	0.00	0.000000	0	0.00	15-NOV-24
1TRRKX	25,233.92	1,100.956369	31	0.00	0.000000	0	0.00	15-NOV-24
1TRRMX	15,919.92	816.825039	40	0.00	0.000000	0	0.00	15-NOV-24
1TRRNX	16,714.93	816.956500	48	0.00	0.000000	0	0.00	15-NOV-24
1TRRLX	17,625.04	1,033.726684	46	0.00	0.000000	0	0.00	15-NOV-24
1TRSJX	8,065.31	609.162386	18	0.00	0.000000	0	0.00	15-NOV-24
1GGSIX	628.13	30.670410	2	0.00	0.000000	0	0.00	15-NOV-24
1PIUHX	1,042.69	125.776839	22	0.00	0.000000	0	0.00	15-NOV-24
1JATAX	831.67	12.652821	8	0.00	0.000000	0	0.00	15-NOV-24
1PIREX	418.23	14.039273	22	0.00	0.000000	0	0.00	15-NOV-24
1VMIAX	128.75	1.237624	2	0.00	0.000000	0	0.00	15-NOV-24
1FECGX	1,905.09	67.246381	25	0.00	0.000000	0	0.00	15-NOV-24
1VEXRX	2,395.71	20.601170	8	0.00	0.000000	0	0.00	15-NOV-24
1VSMAX	1,191.77	10.095470	22	0.00	0.000000	0	0.00	15-NOV-24

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1VSIAX	504.67	5.674276	24	0.00	0.000000	0	0.00	15-NOV-24
1CVERX	72.96	4.641222	20	0.00	0.000000	0	0.00	15-NOV-24
1VIMAX	1,666.49	4.940236	26	0.00	0.000000	0	0.00	15-NOV-24
1VFIAX	11,572.42	21.331650	42	0.00	0.000000	0	0.00	15-NOV-24
1H0051A	342.75	8.431853	18	0.00	0.000000	0	0.00	15-NOV-24
1H0109A	747.26	63.960328	26	0.00	0.000000	0	0.00	15-NOV-24
1FBKWX	381.87	40.366807	6	0.00	0.000000	0	0.00	15-NOV-24
1NERYX	141.67	12.372926	2	0.00	0.000000	0	0.00	15-NOV-24
1LDLVX	28.33	7.339378	2	0.00	0.000000	0	0.00	15-NOV-24
1PRLPX	28.33	2.827346	2	0.00	0.000000	0	0.00	15-NOV-24
1GOVXX	42.75	42.750000	2	0.00	0.000000	0	0.00	15-NOV-24
1TRRKX	0.00	0.000000	0	(12,742.58)	(551.388229)	16	(12,658.25)	20-NOV-24
1PIUHX	2,548.51	308.536320	2	0.00	0.000000	0	0.00	20-NOV-24
1PIREX	382.28	12.700332	2	0.00	0.000000	0	0.00	20-NOV-24
1VSIAX	891.98	9.997534	2	0.00	0.000000	0	0.00	20-NOV-24
1VIMAX	1,911.39	5.601963	2	0.00	0.000000	0	0.00	20-NOV-24
1VFIAX	4,459.91	8.154892	2	0.00	0.000000	0	0.00	20-NOV-24
1FBKWX	1,019.40	107.645196	2	0.00	0.000000	0	0.00	20-NOV-24
1NERYX	637.13	55.547516	2	0.00	0.000000	0	0.00	20-NOV-24
1LDLVX	891.98	231.082902	2	0.00	0.000000	0	0.00	20-NOV-24
4GOVXX	16.90	16.900000	1	0.00	0.000000	0	0.00	22-NOV-24
1TRRKX	0.00	0.000000	0	(5,960.01)	(253.833474)	6	(5,850.18)	26-NOV-24
1VSMAX	1,986.67	15.949502	2	0.00	0.000000	0	0.00	26-NOV-24
1VIMAX	1,986.67	5.645713	2	0.00	0.000000	0	0.00	26-NOV-24
1VFIAX	1,986.67	3.568590	2	0.00	0.000000	0	0.00	26-NOV-24
1NERYX	4.28	0.371529	4	0.00	0.000000	0	0.00	26-NOV-24
4GOVXX	0.01	0.010000	1	0.00	0.000000	0	0.00	29-NOV-24
1TRRCX	2,058.33	75.341508	4	0.00	0.000000	0	0.00	29-NOV-24
1TRRJX	1,366.67	61.230735	3	0.00	0.000000	0	0.00	29-NOV-24
1TRRDX	15,103.00	465.423727	16	0.00	0.000000	0	0.00	29-NOV-24
1TRRKX	20,673.92	876.013559	29	0.00	0.000000	0	0.00	29-NOV-24
1TRRMX	16,046.60	799.531641	40	0.00	0.000000	0	0.00	29-NOV-24
1TRRNX	17,589.15	834.795916	46	0.00	0.000000	0	0.00	29-NOV-24
1TRRLX	17,560.91	1,000.051821	45	0.00	0.000000	0	0.00	29-NOV-24
1TRSJX	8,165.33	598.631231	18	0.00	0.000000	0	0.00	29-NOV-24
1GGSIX	628.13	29.896716	2	0.00	0.000000	0	0.00	29-NOV-24
1PIUHX	1,763.36	210.174016	24	0.00	0.000000	0	0.00	29-NOV-24
1JATAX	831.67	12.353981	8	0.00	0.000000	0	0.00	29-NOV-24
1PIREX	526.91	17.035565	24	0.00	0.000000	0	0.00	29-NOV-24
1VMIAX	128.75	1.190587	2	0.00	0.000000	0	0.00	29-NOV-24
1FECGX	1,905.38	62.800924	25	0.00	0.000000	0	0.00	29-NOV-24
1VEXRX	2,395.72	19.513889	8	0.00	0.000000	0	0.00	29-NOV-24
1VSMAX	1,521.28	12.195609	24	0.00	0.000000	0	0.00	29-NOV-24
1VSIAX	756.19	8.150356	26	0.00	0.000000	0	0.00	29-NOV-24
1CVERX	73.22	4.511397	20	0.00	0.000000	0	0.00	29-NOV-24
1VIMAX	2,532.91	7.190252	30	0.00	0.000000	0	0.00	29-NOV-24
1VFIAX	15,197.26	27.245488	46	0.00	0.000000	0	0.00	29-NOV-24
1H0051A	342.75	8.212118	18	0.00	0.000000	0	0.00	29-NOV-24
1H0109A	747.57	61.930931	26	0.00	0.000000	0	0.00	29-NOV-24
1FBKWX	676.06	70.422917	16	0.00	0.000000	0	0.00	29-NOV-24
1NERYX	320.92	27.689387	4	0.00	0.000000	0	0.00	29-NOV-24
1LDLVX	284.56	73.529716	10	0.00	0.000000	0	0.00	29-NOV-24
1PRLPX	28.51	2.808867	4	0.00	0.000000	0	0.00	29-NOV-24

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1GOVXX	43.49	43.490000	4	0.00	0.000000	0	0.00	29-NOV-24
1PIUHX	14,416.75	1,684.199766	1	0.00	0.000000	0	0.00	05-DEC-24
1PIREX	2,162.51	71.464309	1	0.00	0.000000	0	0.00	05-DEC-24
1VSIAX	5,045.86	55.176162	1	0.00	0.000000	0	0.00	05-DEC-24
1VIMAX	10,812.57	30.854269	1	0.00	0.000000	0	0.00	05-DEC-24
1VFIAX	25,229.32	44.903214	1	0.00	0.000000	0	0.00	05-DEC-24
1FBKWX	5,766.70	600.072841	1	0.00	0.000000	0	0.00	05-DEC-24
1NERYX	3,604.20	310.439276	1	0.00	0.000000	0	0.00	05-DEC-24
1LDLVX	5,045.86	1,300.479381	1	0.00	0.000000	0	0.00	05-DEC-24
1GGSIX	228.91	11.199117	8	0.00	0.000000	0	0.00	06-DEC-24
1JATAX	621.82	10.027738	16	0.00	0.000000	0	0.00	06-DEC-24
1TRRLX	19,613.34	1,115.662116	1	0.00	0.000000	0	0.00	09-DEC-24
1CVERX	22.57	1.481945	40	0.00	0.000000	0	0.00	09-DEC-24
1TRRCX	7,530.09	275.423921	3	0.00	0.000000	0	0.00	11-DEC-24
1TRRDX	122,164.38	3,762.376963	10	0.00	0.000000	0	0.00	11-DEC-24
1TRRKX	1,474,301.04	62,417.486873	29	0.00	0.000000	0	0.00	11-DEC-24
1TRRMX	329,585.18	16,405.434546	31	0.00	0.000000	0	0.00	11-DEC-24
1TRRNX	319,272.67	15,145.762334	49	0.00	0.000000	0	0.00	11-DEC-24
1TRRLX	273,912.17	15,589.764940	47	0.00	0.000000	0	0.00	11-DEC-24
1TRSJX	138,387.63	10,138.287914	22	0.00	0.000000	0	0.00	11-DEC-24
1GGSIX	23,349.55	1,144.585784	3	0.00	0.000000	0	0.00	11-DEC-24
1PIUHX	21,157.84	2,471.710282	13	0.00	0.000000	0	0.00	11-DEC-24
1JATAX	7,897.06	128.011995	3	0.00	0.000000	0	0.00	11-DEC-24
1PIREX	4,175.45	140.021797	13	0.00	0.000000	0	0.00	11-DEC-24
1VMIAX	3,948.55	38.106060	3	0.00	0.000000	0	0.00	11-DEC-24
1FECGX	28,000.45	938.667449	14	0.00	0.000000	0	0.00	11-DEC-24
1VEXRX	70,181.56	580.492639	4	0.00	0.000000	0	0.00	11-DEC-24
1VSMAX	34,281.79	279.235887	16	0.00	0.000000	0	0.00	11-DEC-24
1VSIAX	19,786.04	217.788003	15	0.00	0.000000	0	0.00	11-DEC-24
1CVERX	452.00	29.993365	10	0.00	0.000000	0	0.00	11-DEC-24
1VIMAX	58,150.82	168.533562	22	0.00	0.000000	0	0.00	11-DEC-24
1VFIAX	260,005.85	461.945189	32	0.00	0.000000	0	0.00	11-DEC-24
1H0051A	707.37	17.362017	8	0.00	0.000000	0	0.00	11-DEC-24
1H0109A	648.30	51.611829	10	0.00	0.000000	0	0.00	11-DEC-24
1FBKWX	6,342.03	662.699059	4	0.00	0.000000	0	0.00	11-DEC-24
1NERYX	3,831.51	331.159032	2	0.00	0.000000	0	0.00	11-DEC-24
1LDLVX	5,364.13	1,382.507732	2	0.00	0.000000	0	0.00	11-DEC-24
1GOVXX	43.49	43.490000	1	0.00	0.000000	0	0.00	11-DEC-24
1TRRCX	0.00	0.000000	0	0.95	0.034927	7	0.95	12-DEC-24
1TRRJX	0.00	0.000000	0	0.54	0.024313	4	0.54	12-DEC-24
1TRRDX	0.00	0.000000	0	13.83	0.428570	20	13.74	12-DEC-24
1TRRKX	0.00	0.000000	0	13.37	0.569664	42	13.33	12-DEC-24
1TRRMX	0.00	0.000000	0	11.05	0.553605	52	10.98	12-DEC-24
1TRRNX	0.00	0.000000	0	12.23	0.583769	60	12.16	12-DEC-24
1TRRLX	0.00	0.000000	0	11.62	0.665522	68	11.56	12-DEC-24
1TRSJX	0.00	0.000000	0	4.53	0.334070	28	4.51	12-DEC-24
1GGSIX	0.00	0.000000	0	0.54	0.026627	3	0.54	12-DEC-24
1PIUHX	0.00	0.000000	0	0.26	0.030266	9	0.26	12-DEC-24
1JATAX	0.00	0.000000	0	0.53	0.008625	14	0.53	12-DEC-24
1PIREX	0.00	0.000000	0	0.02	0.000672	1	0.02	12-DEC-24
1VMIAX	0.00	0.000000	0	0.15	0.001458	6	0.15	12-DEC-24
1FECGX	0.00	0.000000	0	0.28	0.009536	4	0.28	12-DEC-24
1VEXRX	0.00	0.000000	0	0.08	0.000666	3	0.08	12-DEC-24

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1VSMAX	0.00	0.000000	0	0.26	0.002132	8	0.26	12-DEC-24
1VSIAX	0.00	0.000000	0	0.11	0.001220	7	0.11	12-DEC-24
1CVERX	0.00	0.000000	0	0.02	0.001338	2	0.02	12-DEC-24
1VIMAX	0.00	0.000000	0	0.42	0.001221	13	0.42	12-DEC-24
1VFIAX	0.00	0.000000	0	1.70	0.003041	49	1.70	12-DEC-24
1H0051A	0.00	0.000000	0	0.04	0.000984	4	0.04	12-DEC-24
1H0109A	0.00	0.000000	0	0.21	0.016838	7	0.20	12-DEC-24
1FBKWX	0.00	0.000000	0	0.10	0.010481	4	0.10	12-DEC-24
1NERYX	0.00	0.000000	0	0.03	0.002604	1	0.03	12-DEC-24
1LDLVX	0.00	0.000000	0	0.05	0.012920	1	0.05	12-DEC-24
1TRRCX	2,058.33	75.897124	4	0.00	0.000000	0	0.00	13-DEC-24
1TRRJX	1,666.67	75.278682	4	0.00	0.000000	0	0.00	13-DEC-24
1TRRDX	15,103.00	469.474666	16	0.00	0.000000	0	0.00	13-DEC-24
1TRRKX	20,572.25	879.531848	29	0.00	0.000000	0	0.00	13-DEC-24
1TRRMX	17,383.03	873.519096	41	0.00	0.000000	0	0.00	13-DEC-24
1TRRNX	17,942.18	859.299809	45	0.00	0.000000	0	0.00	13-DEC-24
1TRRLX	16,972.41	974.865597	44	0.00	0.000000	0	0.00	13-DEC-24
1TRSJX	8,729.32	645.659766	18	0.00	0.000000	0	0.00	13-DEC-24
1GGSIX	628.13	31.003456	2	0.00	0.000000	0	0.00	13-DEC-24
1PIUHX	1,967.52	230.929577	24	0.00	0.000000	0	0.00	13-DEC-24
1JATAX	831.67	13.591601	8	0.00	0.000000	0	0.00	13-DEC-24
1PIREX	594.97	20.032660	24	0.00	0.000000	0	0.00	13-DEC-24
1VMIAX	128.75	1.262998	2	0.00	0.000000	0	0.00	13-DEC-24
1FECGX	1,922.40	65.858169	25	0.00	0.000000	0	0.00	13-DEC-24
1VEXRX	2,405.05	20.193535	8	0.00	0.000000	0	0.00	13-DEC-24
1VSMAX	1,672.64	13.785875	24	0.00	0.000000	0	0.00	13-DEC-24
1VSIAX	790.21	8.802605	26	0.00	0.000000	0	0.00	13-DEC-24
1CVERX	90.21	6.042199	20	0.00	0.000000	0	0.00	13-DEC-24
1VIMAX	2,695.27	7.874000	30	0.00	0.000000	0	0.00	13-DEC-24
1VFIAX	16,537.53	29.538690	46	0.00	0.000000	0	0.00	13-DEC-24
1H0051A	386.11	9.469201	18	0.00	0.000000	0	0.00	13-DEC-24
1H0109A	798.59	63.805121	26	0.00	0.000000	0	0.00	13-DEC-24
1FBKWX	696.67	73.333685	8	0.00	0.000000	0	0.00	13-DEC-24
1NERYX	367.58	32.047079	4	0.00	0.000000	0	0.00	13-DEC-24
1LDLVX	288.62	74.578812	4	0.00	0.000000	0	0.00	13-DEC-24
1PRLPX	37.67	3.737103	2	0.00	0.000000	0	0.00	13-DEC-24
1GOVXX	42.75	42.750000	2	0.00	0.000000	0	0.00	13-DEC-24
1NERYX	30.41	2.660542	5	0.00	0.000000	0	0.00	16-DEC-24
1VMIAX	21.41	0.221406	3	0.00	0.000000	0	0.00	18-DEC-24
1FBKWX	24.02	2.547189	9	0.00	0.000000	0	0.00	18-DEC-24
1TRRCX	627.26	24.397510	15	0.00	0.000000	0	0.00	20-DEC-24
1TRRJX	178.19	8.429045	15	0.00	0.000000	0	0.00	20-DEC-24
1TRRDX	6,383.86	208.011083	63	0.00	0.000000	0	0.00	20-DEC-24
1TRRKX	30,195.42	1,351.630259	82	0.00	0.000000	0	0.00	20-DEC-24
1TRRMX	8,213.41	432.057341	106	0.00	0.000000	0	0.00	20-DEC-24
1TRRNX	7,734.01	387.281419	195	0.00	0.000000	0	0.00	20-DEC-24
1TRRLX	7,091.28	425.902703	132	0.00	0.000000	0	0.00	20-DEC-24
1TRSJX	3,493.41	270.387771	82	0.00	0.000000	0	0.00	20-DEC-24
1FECGX	201.45	7.194641	31	0.00	0.000000	0	0.00	20-DEC-24
1VSMAX	166.81	1.439134	33	0.00	0.000000	0	0.00	23-DEC-24
1VSIAX	156.62	1.833958	33	0.00	0.000000	0	0.00	23-DEC-24
1VIMAX	344.00	1.041351	41	0.00	0.000000	0	0.00	23-DEC-24
1VFIAX	1,213.30	2.201395	62	0.00	0.000000	0	0.00	23-DEC-24

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1PIUHX	1,100.58	134.380952	30	0.00	0.000000	0	0.00	26-DEC-24
1PIREX	212.27	7.586487	60	0.00	0.000000	0	0.00	27-DEC-24
1GGSIX	1,019.44	53.570152	5	0.00	0.000000	0	0.00	30-DEC-24
1VEXRX	5,164.47	48.329307	27	0.00	0.000000	0	0.00	30-DEC-24
4GOVXX	0.06	0.060000	1	0.00	0.000000	0	0.00	31-DEC-24
1TRRCX	2,058.33	80.278081	4	0.00	0.000000	0	0.00	31-DEC-24
1TRRJX	1,666.67	79.101565	4	0.00	0.000000	0	0.00	31-DEC-24
1TRRDX	15,103.00	494.046450	16	0.00	0.000000	0	0.00	31-DEC-24
1TRRKX	24,061.25	1,080.918687	29	0.00	0.000000	0	0.00	31-DEC-24
1TRRMX	18,297.88	966.097151	42	0.00	0.000000	0	0.00	31-DEC-24
1TRRNX	18,265.89	918.345398	46	0.00	0.000000	0	0.00	31-DEC-24
1TRRLX	16,972.44	1,023.669481	44	0.00	0.000000	0	0.00	31-DEC-24
1TRSJX	8,729.39	678.801713	18	0.00	0.000000	0	0.00	31-DEC-24
1GGSIX	628.12	33.093783	2	0.00	0.000000	0	0.00	31-DEC-24
1PIUHX	2,012.34	243.920000	24	0.00	0.000000	0	0.00	31-DEC-24
1JATAX	831.67	13.994112	8	0.00	0.000000	0	0.00	31-DEC-24
1PIREX	609.80	21.685633	24	0.00	0.000000	0	0.00	31-DEC-24
1VMIAX	128.75	1.345209	2	0.00	0.000000	0	0.00	31-DEC-24
1FECGX	1,926.11	69.509562	25	0.00	0.000000	0	0.00	31-DEC-24
1VEXRX	2,405.05	22.508656	8	0.00	0.000000	0	0.00	31-DEC-24
1VSMAX	1,728.59	15.010334	24	0.00	0.000000	0	0.00	31-DEC-24
1VSIAX	797.63	9.365151	26	0.00	0.000000	0	0.00	31-DEC-24
1CVERX	93.93	6.495849	20	0.00	0.000000	0	0.00	31-DEC-24
1VIMAX	2,746.95	8.403799	30	0.00	0.000000	0	0.00	31-DEC-24
1VFIAX	16,709.10	30.785432	46	0.00	0.000000	0	0.00	31-DEC-24
1H0051A	392.97	9.875926	18	0.00	0.000000	0	0.00	31-DEC-24
1H0109A	809.15	66.857925	26	0.00	0.000000	0	0.00	31-DEC-24
1FBKWX	743.37	79.166134	17	0.00	0.000000	0	0.00	31-DEC-24
1NERYX	367.58	32.471731	4	0.00	0.000000	0	0.00	31-DEC-24
1LDLVX	331.33	85.836789	11	0.00	0.000000	0	0.00	31-DEC-24
1PRLPX	37.94	3.805416	4	0.00	0.000000	0	0.00	31-DEC-24
1GOVXX	43.94	43.940000	4	0.00	0.000000	0	0.00	31-DEC-24

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE

LEGEND

INVESTMENT OPTION:

4GOVXX	Federated Hermes Govt Obl Advisor
1TRRJX	T. Rowe Price Retirement 2035 Fund
1TRRKX	T. Rowe Price Retirement 2045 Fund
1TRRNX	T. Rowe Price Retirement 2055 Fund
1TRSJX	T. Rowe Price Retirement 2065 Fund
1PIUHX	PIMCO StocksPLUS Intl (USD-Hedged) P
1PIREX	Principal Real Estate Securities Inst
1FECGX	Fidelity Small Cap Growth Index
1VSMAX	Vanguard Small Cap Index Adm
1CVERX	Columbia Select Mid Cap Value Instl 2
1VFIAX	Vanguard 500 Index Admiral
1H0109A	Large Cap Growth / Jennison Fund
1NERYX	Loomis Sayles Core Plus Bond Y
1PRLPX	PIMCO Real Return P
1TRRCX	T. Rowe Price Retirement 2030 Fund
1TRRDX	T. Rowe Price Retirement 2040 Fund
1TRRMX	T. Rowe Price Retirement 2050 Fund
1TRRLX	T. Rowe Price Retirement 2060 Fund
1GGSIX	Goldman Sachs Growth Strat Instl
1JATAX	Janus Henderson Global Tech Innovation A
1VMIAX	Vanguard Materials Index Adm
1VEXRX	Vanguard Explorer Adm
1VSIAX	Vanguard Small Cap Value Index Admiral
1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1H0051A	Columbia Dividend Value (IS Platform)
1FBKWX	Fidelity Advisor Total Bond Z
1LDLVX	Lord Abbett Short Duration Income R6
1GOVXX	Federated Hermes Govt Obl Advisor

INFORMATION FOR COMPLETING FORM 5500 SCHEDULE A

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

The following information is to assist you in completing the Schedule A for fiscal plan year beginning January 1, 2024 and ending December 31, 2024.
This is supplemental information provided for plans that are required by the IRS to file Form 5500 and the associated schedules.

A	Name of plan:	Rewiring America 401(k) Plan
B	Three-digit plan number:	001
C	Plan sponsor's name:	Rewiring America, Inc.
D	Employer Identification Number:	93-2830316

Part I

1(a)	Name of insurance carrier:	Empower Annuity Insurance Company
1(b)	EIN:	061050034
1(c)	NAIC Code:	93629
1(d)	Contract or Identification Number:	522623-01
1(e)	Approximate number of persons covered at end of policy or contract year:	13
1(f & g)	Policy or contract year from January 1, 2024 to December 31, 2024	
2	Amount of commissions paid:	0.00
	Fees paid/Amount:	
3(a)	Name and Address of the Agents, and Brokers or other persons to whom commissions or fees were paid:	
3(b)	Amount of commissions paid:	
3(c)	Amount:	
3(d)	Purpose:	
3(e)	Organization Code:	

Part II

4	Current value of plan's interest under this contract in the general account at year end:	.00
5	Current value of plan's interest under this contract in separate accounts at year end:	10,620.97
7a(4)	Type of contract:	Group Annuity Contract
7b	Balance at the end of the previous year:	.00
7c(1)	Contributions deposited during the year:	.00
7c(2)	Dividends and credits:	.00
7c(3)	Interest credited during the year:	.00
7c(4)	Transferred from separate account:	.00
7c(5)	Other (specify) >	.00
7c(6)	Total additions:	.00
7d	Total of balance and additions:	.00
7e(1)	Disbursed from fund to pay benefits or purchase annuities during the year:	.00
7e(2)	Administration charge made by carrier:	.00
7e(3)	Transferred to separate account:	.00
7e(4)	Other (specify) >	.00
7e(5)	Total deductions:	.00
7f	Balance at the end of the current year:	.00

INFORMATION FOR COMPLETING FORM 5500 SCHEDULE C

Rewiring America 401(k) Plan

01-JAN-24 to 31-DEC-24

The following information is to assist you in completing the Schedule C for fiscal plan year beginning January 1, 2024 and ending December 31, 2024 for service providers receiving direct and/or indirect fee compensation. This supplemental information is provided for large plans that are required to file Form 5500 Schedule H.

Information for completing lines 2(a) thru 2(h)

SERVICE PROVIDING COMPANY	SERVICE CODE(S)	RELATIONSHIP TO EMPLOYER	DOLLAR AMOUNT OF DIRECT COMPENSATION	PROVIDER RECEIVED INDIRECT COMPENSATION	INDIRECT COMPENSATION INCLUDES ELIGIBLE INDIRECT	TOTAL INDIRECT COMPENSATION EXCLUDING EIC	SERVICE PROVIDER PROVIDED A FORMULA INSTEAD OF A DOLLAR AMOUNT	EIC* ONLY
Empower Annuity Insurance Company of America 8515 East Orchard Road Greenwood Village CO 80111	64	Recordkeeper	.00	Yes	Yes	.00	Yes	Yes

*If a service provider did not receive direct compensation and all indirect compensation satisfies the requirements as Eligible Indirect Compensation (EIC), then the limited reporting as described in line one of the Schedule C may apply.

The annual plan summary may reflect additional direct compensation transaction(s) paid to outside service provider(s).