

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b> |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                 |

**A** This return/report is for:

☐ a multiemployer plan

☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

☒ a single-employer plan      ☐ a DFE (specify) \_\_\_\_\_

**B** This return/report is:

☐ the first return/report

☐ the final return/report

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

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

**D** Check box if filing under:

☒ Form 5558

☐ automatic extension

☐ special extension (enter description)      ☐ the DFVC program

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

|                                                                                                         |                                                               |  |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|
| <b>Part II</b>                                                                                          | <b>Basic Plan Information—enter all requested information</b> |  |
| <b>1a</b> Name of plan                                                                                  | <u>MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN</u>  |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                | <u>002</u>                                                    |  |
| <b>1c</b> Effective date of plan                                                                        | <u>07/01/1985</u>                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)                                 | <u>MUTUAL OF AMERICA LIFE INSURANCE COMPANY</u>               |  |
| Mailing address (include room, apt., suite no. and street, or P.O. Box)                                 | <u>320 PARK AVENUE</u>                                        |  |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | <u>2ND FLOOR</u>                                              |  |
|                                                                                                         | <u>NEW YORK, NY 10022</u>                                     |  |
| <b>2b</b> Employer Identification Number (EIN)                                                          | <u>13-1614399</u>                                             |  |
| <b>2c</b> Plan Sponsor's telephone number                                                               | <u>800-468-3785</u>                                           |  |
| <b>2d</b> Business code (see instructions)                                                              | <u>525100</u>                                                 |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2022 | JENNY LUM                                                    |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                          |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                         |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1935 |
| <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>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1094 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                               |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 980  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                              |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                              |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 868  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                     |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1848 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                      |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1849 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                 |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1848 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                      |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                             |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2S 2T                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
| <b>b</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)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                            |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                  |      |
| <b>10</b> 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><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                    |                                                      |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021         |                                                      |
| A Name of plan<br>MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN                            | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MUTUAL OF AMERICA LIFE INSURANCE COMPANY | D Employer Identification Number (EIN)<br>13-1614399 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
MUTUAL OF AMERICA

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-1614399 | 88668         | TP600000                              | 1849                                                                        | 01/01/2021              | 12/31/2021 |

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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                               |          |          |
|----------|-----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | <b>0</b> |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | <b>0</b> |

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

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|          |                                               |           |                  |
|----------|-----------------------------------------------|-----------|------------------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | <b>130428674</b> |
|----------|-----------------------------------------------|-----------|------------------|

|          |                                                              |              |                |  |
|----------|--------------------------------------------------------------|--------------|----------------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | <b>2482728</b> |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> | <b>0</b>       |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | <b>1225372</b> |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | <b>4581840</b> |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | <b>9851096</b> |  |

▶ **ROLLOVER; LOAN INT PAY**

|                           |              |                 |
|---------------------------|--------------|-----------------|
| (6) Total additions ..... | <b>7c(6)</b> | <b>18141036</b> |
|---------------------------|--------------|-----------------|

|          |                                                                              |           |                  |
|----------|------------------------------------------------------------------------------|-----------|------------------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | <b>148569710</b> |
|----------|------------------------------------------------------------------------------|-----------|------------------|

|          |                                                                           |              |                  |  |
|----------|---------------------------------------------------------------------------|--------------|------------------|--|
| <b>e</b> | Deductions:                                                               |              |                  |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | <b>29057420</b>  |  |
|          | (2) Administration charge made by carrier.....                            | <b>7e(2)</b> | <b>0</b>         |  |
|          | (3) Transferred to separate account.....                                  | <b>7e(3)</b> | <b>0</b>         |  |
|          | (4) Other (specify below) .....                                           | <b>7e(4)</b> | <b>119512290</b> |  |

▶ **TRUSTEE LOAN PAYMENT AND TRANSFER TO NAV**

|                            |              |                  |
|----------------------------|--------------|------------------|
| (5) Total deductions ..... | <b>7e(5)</b> | <b>148569710</b> |
|----------------------------|--------------|------------------|

|          |                                                                                                |           |          |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | <b>0</b> |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|

**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:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                           |                                                             |     |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                |                                                             |     |
| <b>A</b> Name of plan<br>MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN                            | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                                           |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MUTUAL OF AMERICA LIFE INSURANCE COMPANY | <b>D</b> Employer Identification Number (EIN)<br>13-1614399 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                     |
| AMERICAN FUNDS                                                                                                    | 333 SOUTH HOPE STREET<br>LOS ANGELES, CA 90071-1406 |

|                                                                                                                   |                                                          |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                          |
| AVE MARIA MUTUAL FUNDS LLC                                                                                        | 135 MERCHANT STREET<br>SUITE 230<br>CINCINNATI, OH 45246 |

|                                                                                                                   |                                                                 |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                 |
| CALVERT RESEARCH AND MANAGEMENT                                                                                   | 1825 CONNECTICUT AVENUE NW<br>SUITE 400<br>WASHINGTON, DC 20009 |

|                                                                                                                   |                                                                |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                |
| DODGE AND COX                                                                                                     | 555 CALIFORNIA STREET<br>40TH FLOOR<br>SAN FRANCISCO, CA 94104 |

---

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

---

DWS  
210 WEST 10TH STREET  
KANSAS CITY, MO 64105

---

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

---

FIDELITY INVESTMENTS  
82 DEVONSHIRE STREET  
BOSTON, MA 02109

---

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

---

GOLDMAN SACHS  
200 WEST STREET  
NEW YORK, NY 10282

---

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

---

HARBOR  
111 S. WACKER DRIVE  
34TH FLOOR  
CHICAGO, IL 60606

---

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

---

INVESCO  
11 GREENWAY PLAZA  
STE. 2500  
HOUSTON, TX 77046

---

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

---

MUTUAL OF AMERICA  
320 PARK AVE  
NEW YORK, NY 10022

---

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

---

NEUBERGER BERMAN  
1290 AVENUE OF THE AMERICAS  
NEW YORK, NY 10104

---

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

---

T. ROWE PRICE  
100 EAST PRATT STREET  
BALTIMORE, MD 21202

---

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

VANGUARD

100 VANGUARD BOULEVARD  
MALVERN, PA 19355**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200  
4500 MAIN STREET  
KANSAS CITY, MO 64141**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK ADVISORS

100 BELLEVUE PARKWAY  
WILMINGTON, DE 19809**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS

111 HUNTINGTON AVENUE  
BOSTON, MA 02199**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876  
PROVIDENCE, RI 02940**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY  
BUILDING TWO  
SAN ANTONIO, TX 78256**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

840 NEWPORT CENTER DRIVE  
SUITE 100  
NEWPORT BEACH, CA 92660**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MID ATLANTIC TRUST COMPANY

330 POPLAR AVE  
STE 103-E  
PIERRE, SD 57501

**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)

MUTUAL OF AMERICA

320 PARK AVENUE  
NEW YORK, NY 10022

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 49<br>57 12      | RECORDKEEPER                                                                                      | 12420                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**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)

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

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2021</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                                         |                                                                    |            |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN</u>                                   | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>002</u> |
|                                                                                                                         |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MUTUAL OF AMERICA LIFE INSURANCE COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-1614399</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><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE TRUST A1

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

|                                       |                               |                                                                                                                      |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>84-1142974-001</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>117798065</u> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**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)**

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                                  |                                                                                       |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN</u>                            | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MUTUAL OF AMERICA LIFE INSURANCE COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-1614399</u>                    |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 0                     | 34938           |
| <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>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <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> |                       |                 |
| <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> |                       |                 |
| <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>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 2942072               | 2454784         |
| <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>   | 302815678             | 468210642       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 130143711             | 0               |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (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>             | 435901461 470700364 |
| <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>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0                 |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 435901461 470700364 |

**Part II Income and Expense Statement**

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

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3206869   |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 10438310  |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 19943896  |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0         |
| (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>    | 33589075  |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <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> | 124903    |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 1225372   |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 1350275   |
| (2)           | Dividends: <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> | 1700105   |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 1700105   |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <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> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 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)  |            | 43255160  |
| (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) |            | 8117254   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 88011869  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 51930115   |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 0          |           |
| (3) Other.....                                                                                 | 2e(3)  | 1282851    |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 53212966  |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 0         |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 0         |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 53212966  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 34798903  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **KPMG**

(2) EIN: **13-5565207**

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

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

**Part IV Compliance Questions**

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>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>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <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>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <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>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 50000000 |
| <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? .....                                                                                                                                                                          |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <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>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <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>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <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.) .....                                                                                                                                                   | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |          |
| <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.) .....                                                                                     | X   |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        | X   |    |          |
| <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? .....                                                                                                                                              |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <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. ....                                                                                                                         |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |          |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                                |                                                                  |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN</div>                            | <div>B Three-digit plan number (PN) ►<br/>002</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>MUTUAL OF AMERICA LIFE INSURANCE COMPANY</div> | <div>D Employer Identification Number (EIN)<br/>13-1614399</div> |

|        |               |
|--------|---------------|
| 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):<br><br>EIN(s): 13-3590259 |   |    |
| 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 | 56 |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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 _____<br>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? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> 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? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

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

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

**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) through (c)

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

**MUTUAL OF AMERICA SAVINGS PLAN**

Financial Statements and Supplemental Schedules

December 31, 2021 and 2020

(With Independent Auditors' Report Thereon)

# MUTUAL OF AMERICA SAVINGS PLAN

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KPMG LLP  
345 Park Avenue  
New York, NY 10154-0102

## **Independent Auditors' Report**

The Plan Administrator and Plan Participants  
Mutual of America Savings Plan:

### *Opinion*

We have audited the financial statements of Mutual of America Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for plan benefits for the year ended December 31, 2021, in accordance with U.S. generally accepted accounting principles.

### *Basis for Opinion*

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

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

### *Auditors' Responsibilities for the Audit of the Financial Statements*

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



In performing an audit in accordance with GAAS, we:

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

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

*Supplemental Schedules Required by ERISA*

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*KPMG LLP*

New York, New York  
October 13, 2022

**MUTUAL OF AMERICA SAVINGS PLAN**  
**Statements of Net Assets Available for Plan Benefits**  
**December 31, 2021 and 2020**

|                                                                                    | <u>2021</u>                  | <u>2020</u>                  |
|------------------------------------------------------------------------------------|------------------------------|------------------------------|
| Assets held, at fair value:                                                        |                              |                              |
| Mutual Funds                                                                       | \$ 468,245,580               | \$ -                         |
| Mutual of America Separate Account No. 1 - invested under a group annuity contract | -                            | 302,815,678                  |
| General Account - invested under a group annuity contract (Note 2)                 | -                            | 130,428,674                  |
|                                                                                    | <u>468,245,580</u>           | <u>433,244,352</u>           |
| Participant loans                                                                  | 2,454,784                    | 2,657,109                    |
| Total plan assets                                                                  | \$ <u><u>470,700,364</u></u> | \$ <u><u>435,901,461</u></u> |

See accompanying notes to financial statements.

**MUTUAL OF AMERICA SAVINGS PLAN**  
**Statement of Changes in Net Assets Available for Plan Benefits**  
**Year Ended December 31, 2021**

Additions to net assets attributed to:

Contributions:

|                                           |                   |
|-------------------------------------------|-------------------|
| Employer                                  | \$ 3,206,869      |
| Participants                              | 10,438,310        |
| Rollovers                                 | 18,693,725        |
| Principal repayments on participant loans | <u>1,250,171</u>  |
| Total contributions                       | <u>33,589,075</u> |

Investment income:

|                                                                                |                   |
|--------------------------------------------------------------------------------|-------------------|
| Net appreciation of funds invested in Mutual of America Separate Account No. 1 | 43,255,160        |
| Net appreciation of funds invested in Mutual Funds                             | 8,117,254         |
| Dividend income from Mutual Funds                                              | 1,700,105         |
| Interest on funds invested in the General Account                              | 1,225,372         |
| Interest on participant loans                                                  | <u>124,903</u>    |
| Total investment income                                                        | <u>54,422,794</u> |

|                 |            |
|-----------------|------------|
| Total additions | 88,011,869 |
|-----------------|------------|

Deductions from net assets attributed to:

|                   |                  |
|-------------------|------------------|
| Benefits paid     | 51,930,115       |
| Participant loans | <u>1,080,526</u> |

|                  |                   |
|------------------|-------------------|
| Total deductions | <u>53,010,641</u> |
|------------------|-------------------|

|                                                        |                   |
|--------------------------------------------------------|-------------------|
| Net increase in net assets available for plan benefits | <u>35,001,228</u> |
|--------------------------------------------------------|-------------------|

Deductions to total plan assets attributed to:

|                   |         |
|-------------------|---------|
| Participant loans | 202,325 |
|-------------------|---------|

|                                   |                   |
|-----------------------------------|-------------------|
| Net increase in total plan assets | <u>34,798,903</u> |
|-----------------------------------|-------------------|

Total plan assets:

|                       |                       |
|-----------------------|-----------------------|
| Beginning of the year | <u>435,901,461</u>    |
| End of the year       | \$ <u>470,700,364</u> |

See accompanying notes to financial statements.

**MUTUAL OF AMERICA SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**(1) Description of the Plan**

The following brief description of Mutual of America Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

**(a) General**

The Plan, which became effective on July 1, 1985, is a defined contribution plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**(b) Eligibility**

An eligible employee may elect to defer a portion of pre-tax salary by directing the Mutual of America Life Insurance Company (the Company or the Plan Administrator) to contribute it to the Plan. The Company also makes matching contributions to the Plan. The Plan is available to employees of the Company and its subsidiaries who are age 21 or older.

**(c) Contributions**

The maximum amount that participants could contribute in 2021 was \$19,500. A participant attaining age 50 or greater on or before the end of the plan year could contribute up to an additional \$6,500 in 2021 (catch-up contributions). The Company will contribute on behalf of Plan participants 50% of participants' annual contributions with a maximum employer contribution of 3% of eligible compensation. The Company does not match participants' catch-up contributions. Beginning January 1, 2008, the Plan was changed to permit employees to designate all or part of their contributions to the Plan as designated Roth contributions which are after-tax contributions. Designated Roth contributions are permitted under the Internal Revenue Code by the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA).

**(d) Participant Accounts and Vesting**

Each participant's account is credited with the participant's contribution and the Company's contribution and investment earnings. The total value of a participant's account is fully and immediately vested.

**(e) Transfers and Change of Allocation**

From January 1, 2021 to December 1, 2021, prior to the transition to the Net Asset Value (NAV) platform, participants were able to transfer their funds between the General Account and the Separate Account or between any of the funds which make up the Separate Account option on any business day. Participants may also, at any time, change the percentage of future amounts to be allocated to their account. On December 1, 2021 the Plan terminated its group annuity contract with the Plan Administrator and signed a new contract with the Plan Administrator that adopted the NAV platform. Under this platform, participants in the Plan invest directly in the underlying funds of the Investment Corporation or the retail funds of the outside managers previously offered to participants under the former group annuity contract. The General Account option that was offered under the group annuity contract was also terminated and a stable-value fund managed by an outside manager was offered in its place. Assets totaling \$457,565,719 were transferred to the new platform on that date.

Under the NAV platform, Participants are still able to transfer their investments between any of the investment options offered by the Plan on any business day and may also change the percentage of future amounts to be allocated to their accounts at any time.

**MUTUAL OF AMERICA SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

***(f) Benefits Paid to Participants***

Participants are eligible to withdraw funds from the Plan upon attainment of age 59-1/2, termination of employment, death, disability, or financial hardship.

***(g) Participant Loans***

Through December 31, 2016, the Plan allowed for participant loans based on a participant's vested account balance. These loans were issued and are held directly by the Company ("Group Annuity" loans) and are collateralized by the participant's account balance in the Plan. Generally, a participant's outstanding loans cannot exceed 41 2/3% of a participant's account balance or \$50,000, subject to certain restrictions. Loans used to purchase a primary residence may be repaid over 10 years. Loans for all other purposes must be repaid within five years.

Group Annuity loans were issued directly by the Company and interest and principal were re-paid by the participant directly to the Company. Group Annuity loans are not considered assets of the Plan and, therefore, are not reported in the statements of net assets available for plan benefits. Borrowers are required to keep 120% of the outstanding loan balance invested in the General Account as collateral in the event of default on the part of the borrower. Interest rates are variable and determined based on weighted average interest rates during the year. Interest rates ranged from 4.25% to 6.50% for loans outstanding as of November 30, 2021 and 4.50% for loans outstanding as of December 31, 2020. Maturities ranged from 2022 to 2026 and 2021 to 2026 as of November 30, 2021 and 2020, respectively. Group Annuity loans with the Company amounted to approximately \$0.3 million at 2020. Upon conversion to the NAV platform all remaining Group Annuity loans were converted to Trustee Loans. There were no changes in any of the terms of the loans upon conversion.

Effective January 1, 2017, the Plan ceased issuing new Group Annuity loans and converted to a Trustee Loan format. Under a Trustee Loan format, policyholders borrow against their vested account balance and the loans are considered assets of the Plan. Repayments of principal and interest are made to the Plan and not to the Company, as was the case under the Group Annuity format. The minimum loan size is \$1,000 and the maximum loan cannot exceed 50% of a participant's account balance or \$50,000. Loans used to purchase a primary residence may be repaid over 10 years. Loans for all other purposes must be repaid within five years. Group Annuity loans will continue to be in-force and will be repaid over remaining time to maturity. Interest rates on Trustee loans ranged from 4.25% to 6.50% for loans outstanding as of December 31, 2021, with maturities ranging from 2022 to 2031. At December 31, 2021, total Trustee loans amounted to approximately \$2.5 million. Interest rates on Trustee loans ranged from 4.25% to 6.50% for loans outstanding as of December 31, 2020, with maturities ranging from 2021 to 2030. At December 31, 2020, total Trustee loans amounted to approximately \$2.7 million.

The loan provisions were further amended as of January 1, 2017 to limit the number of loans that a participant may have outstanding at any one time to two. No new loans may be issued to a participant until prior loans are satisfied.

***(h) Automatic Enrollment***

Automatic enrollment is provided for all new employees. The initial contribution rate will be 3%, increasing by 1% each subsequent January 1 until the maximum deferral rate of 6% is reached. Auto-enrolled employees may opt out within the first 90 days of their auto-enrollment. Employees who opt out within this time period will have all elective contributions, plus or minus investment earnings refunded to them. Contributions from auto-enrolled employees who do not have an investment election on file will be enrolled in the Target Date Retirement Fund that most closely aligns with their 65th birthday.

**MUTUAL OF AMERICA SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

***(i) Rollover Contributions***

The Plan permits participants to have their interests in other qualified plans rolled over to the Plan or to make rollover contributions into the Plan from an individual retirement account, which holds amounts attributable solely to a rollover from another qualified plan. Such transfers or rollovers to the Plan may only be made with the approval of the Plan Administrator and do not affect any other contributions made by or on behalf of a participant.

**(2) Summary of Significant Accounting Policies**

The following are the significant accounting policies followed by the Plan.

***(a) Basis of Accounting***

These financial statements have been prepared on the accrual basis of accounting.

***(b) Use of Estimates***

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

***(c) Benefits***

Benefits are recorded when paid.

***(d) Administrative Expenses***

Administrative expenses incurred by the Plan are paid directly by the Company.

***(e) Investment Valuation and Income Recognition***

U.S. GAAP establishes a framework that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. NAV is used as a practical expedient in estimating Mutual Fund fair value. U.S. GAAP establishes a three-level valuation hierarchy for measurement and disclosure of fair value.

The valuation hierarchy is based upon the transparency of inputs used to measure fair value. The three levels are as follows:

Level 1 – Quoted market prices in active markets for identical securities.

Level 2 – Other significant observable inputs (including yield, quality, coupon rate, maturity, issue type, quoted prices for similar securities, prepayment speeds, trading characteristics, etc.).

Level 3 – Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments).

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

**MUTUAL OF AMERICA SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

As of November 30, 2021 and December 31, 2020, management determined that the underlying investments of the funds that Separate Account No. 1 invests in are based on quoted market prices within an active market and such are classified as Level 1. Investments held in the Separate Account are stated at market value, which represents fair value. These investments are exposed to the overall market risks associated with investments held in the domestic equity and fixed income markets, and as such the value of these investments could materially increase or decrease from the amounts reported in the statements of net assets available for plan benefits as conditions in the financial markets change.

As of December 31, 2021 management determined that the underlying investments of the mutual funds that the participants of the plan invest in are based on quoted market prices within an active market and such are classified as Level 1. These investments are exposed to the overall market risks associated with investments held in the domestic equity and fixed income markets, and as such the value of these investments could materially increase or decrease from the amounts reported in the statements of net assets available for plan benefits as conditions in the financial markets change.

The inputs used for valuing securities are not necessarily an indication of the risk associated with investing in those securities. Furthermore, although the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants; the use of different methodologies or assumptions to determine the fair value of Plan investments could result in a different fair value measurement at the reporting date. There have been no changes in the methodology used to determine fair value from December 31, 2020 to December 31, 2021.

Through the date of conversion to the NAV platform the Plan's group annuity contract held in the General Account of Mutual of America, the insurance carrier for the Plan, was valued at contract value which was equal to fair value and was considered to be a cash equivalent. Contract value represents contributions made under the contract, plus interest at the credited rate, less funds used to purchase annuities and pay administrative expenses charged. Subsequent to the conversion, the NAV platform funds previously invested in the General Account are now invested in a publicly traded stable-value fund managed by an outside advisor and are contained in the leveling table below as a Level 1 investment.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**MUTUAL OF AMERICA SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

The following table summarizes the valuation of the Plan's investments by the above fair value hierarchy levels as of December 31, 2021 and 2020:

| <b>December 31, 2021</b>   | <b>Level 1</b>        | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>          |
|----------------------------|-----------------------|----------------|----------------|-----------------------|
| Investment under a Group   |                       |                |                |                       |
| Annuity Contract with      |                       |                |                |                       |
| Mutual of America          |                       |                |                |                       |
| Life Insurance Company     |                       |                |                |                       |
| Mutual of America Separate |                       |                |                |                       |
| Account No. 1:             |                       |                |                |                       |
| Index Fund                 | \$ 103,140,452        | —              | —              | \$ 103,140,452        |
| Balanced Funds             | 49,919,549            | —              | —              | 49,919,549            |
| Growth Funds               | 139,150,767           | —              | —              | 139,150,767           |
| Fixed Income               | 129,328,772           | —              | —              | 129,328,772           |
| Target Date Funds          | 46,706,040            | —              | —              | 46,706,040            |
| Total                      | <u>\$ 468,245,580</u> | <u>—</u>       | <u>—</u>       | <u>\$ 468,245,580</u> |

| <b>December 31, 2020</b>   | <b>Level 1</b>        | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>          |
|----------------------------|-----------------------|----------------|----------------|-----------------------|
| Investment under a Group   |                       |                |                |                       |
| Annuity Contract with      |                       |                |                |                       |
| Mutual of America          |                       |                |                |                       |
| Life Insurance Company     |                       |                |                |                       |
| Mutual of America Separate |                       |                |                |                       |
| Account No. 1:             |                       |                |                |                       |
| Index Fund                 | \$ 78,120,499         | —              | —              | \$ 78,120,499         |
| Balanced Funds             | 85,354,203            | —              | —              | 85,354,203            |
| Growth Funds               | 81,398,961            | —              | —              | 81,398,961            |
| Fixed Income               | 16,347,853            | —              | —              | 16,347,853            |
| Target Date Funds          | 41,594,162            | —              | —              | 41,594,162            |
| Total                      | <u>\$ 302,815,678</u> | <u>—</u>       | <u>—</u>       | <u>\$ 302,815,678</u> |

**(3) Investments**

As of December 1, 2021 the Plan's investments were held in a NAV contract administered by the Company. Investments in the underlying funds represent 5% or more of Plan assets. See Schedule H, Line 4j that details transactions with affiliates representing 5% or more of plan assets. The termination of the group annuity contract with the insurance company and the establishment of the NAV contract that established the direct investments in the underlying mutual funds has been determined to be a reportable transaction with an affiliate affecting 5% or more of plan assets. There are no reserves against contract value for the issuer of the contract for credit risk of the contract issuer or otherwise. The credited interest rate for the General Account was 1.00% from January 1, 2021 to December 1, 2021 and 1.25% in 2020. As of December 2, 2021, investments are no longer held in a group annuity contract. The plan directly invests in the underlying mutual funds.

**MUTUAL OF AMERICA SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**(4) Plan Termination**

Although it is the intention of the Company to continue the Plan, the Company reserves the right to terminate the Plan subject to the provisions of ERISA and the Code. Upon termination of the Plan, the Plan's assets will be distributed in accordance with the provisions of applicable laws.

**(5) Party-in-Interest Transactions**

As the Company is the insurance carrier (through December 1, 2021) and continues as the Plan Sponsor, recordkeeper, custodian and Plan Administrator, it is the Trustee under applicable law, and all the transactions are with a known party-in-interest as defined by ERISA Section 3(14).

**(6) Tax Status**

The Plan is intended to be qualified under Section 401(a) of the Internal Revenue Code (the Code) and is intended to be exempt from taxation under Section 501(a) of the Code. The Plan received a favorable determination letter from the Internal Revenue Service (IRS) dated October 8, 2015 indicating that the terms of the Plan conform to the applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, there is no tax provision recorded in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2021, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing and regulatory jurisdictions; however, there are currently no audits for any tax periods in progress.

**(7) Risks and Uncertainties**

The Plan invested in various Separate Accounts through November 30, 2021. After December 1, 2021 the Plan started investing in Mutual Funds that are exposed to various risks, such as interest rate, credit and overall market volatility risk. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investments securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits and participant account balances.

Plan investments include a variety of investments that may directly or indirectly invest in securities with contractual cash flows. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rate.

**MUTUAL OF AMERICA SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**(8) Reconciliation to Form 5500**

As discussed in footnote 1(g), Group Annuity loans are not considered assets of the Plan but are collateralized by the participants account balance in the Plan. Effective January 1, 2017 the Plan ceased issuing new Group Annuity loans and converted to a Trustee loan format for all new loans. Trustee loans are considered Plan assets. Form 5500 reflects Group Annuity and Trustee loans as an account caption as the Plan Administrator has concluded that this presentation is appropriate on Form 5500 due to collateralization of these loans. This classification difference does not impact the total net assets reflected on Form 5500.

**(9) Subsequent Events**

The Plan Administrator has evaluated subsequent events from December 31, 2021 through October 13, 2022 the date the financial statements were available to be issued, and no events have occurred that would require adjustment or disclosure in the Plan's financial statements.

**Supplemental  
Schedule**

**MUTUAL OF AMERICA SAVINGS PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

| <b>Identity of issuer, Borrower,<br/>lessor, or similar party</b> | <b>Description of investments</b>           | <b>Current Value</b> |
|-------------------------------------------------------------------|---------------------------------------------|----------------------|
|                                                                   | Mutual Funds                                |                      |
| Invesco                                                           | Stable Value Trust - Class A1               | \$ 117,798,065       |
| * Mutual of America                                               | Equity Index Fund                           | 52,925,481           |
| Fidelity Advisor                                                  | New Insights Z                              | 27,729,545           |
| * Mutual of America                                               | Mid-Cap Equity Index Fund                   | 27,251,539           |
| T. Rowe Price                                                     | Blue Chip Growth Fund I Class               | 24,995,636           |
| DWS Capital                                                       | Growth Fund - Class R6                      | 22,921,081           |
| American Century                                                  | Heritage Fund R6 Class                      | 19,076,059           |
| * Mutual of America                                               | All America Fund                            | 17,013,955           |
| Vanguard                                                          | International Growth Fund Admiral Shares    | 13,778,401           |
| Vanguard                                                          | Windsor II Fund Admiral Shares              | 12,544,117           |
| * Mutual of America                                               | Small Cap Growth Fund                       | 11,836,584           |
| * Mutual of America                                               | Small Cap Value Fund                        | 9,713,752            |
| Fidelity Advisor                                                  | Mid Cap II Z                                | 8,482,798            |
| Fidelity Advisor                                                  | Equity Income Z                             | 7,455,990            |
| * Mutual of America                                               | 2025 Retirement Fund                        | 7,037,953            |
| * Mutual of America                                               | 2030 Retirement Fund                        | 6,473,039            |
| * Mutual of America                                               | Small Cap Equity Index Fund                 | 6,154,943            |
| * Mutual of America                                               | 2040 Retirement Fund                        | 5,162,410            |
| Vanguard                                                          | Real Estate Index Fund Admiral Shares       | 5,037,754            |
| * Mutual of America                                               | 2035 Retirement Fund                        | 4,863,439            |
| * Mutual of America                                               | Mid Cap Value Fund                          | 4,296,942            |
| PIMCO                                                             | Real Return Fund Institutional Class        | 4,218,909            |
| * Mutual of America                                               | Bond Fund                                   | 3,901,844            |
| Invesco                                                           | Main Street Fund Class R6                   | 3,572,345            |
| * Mutual of America                                               | Retirement Income Fund                      | 3,537,284            |
| Delaware                                                          | Small Cap Value Fund Class R6               | 3,367,745            |
| * Mutual of America                                               | 2050 Retirement Fund                        | 3,358,998            |
| * Mutual of America                                               | 2020 Retirement Fund                        | 3,260,312            |
| * Mutual of America                                               | 2045 Retirement Fund                        | 3,229,230            |
| * Mutual of America                                               | Aggressive Allocation Fund                  | 3,161,066            |
| * Mutual of America                                               | Moderate Allocation Fund                    | 1,939,705            |
| Vanguard                                                          | Total Bond Market Index Fund Admiral Shares | 1,785,299            |
| American Funds                                                    | New World Fund Class R-6                    | 1,701,427            |
| * Mutual of America                                               | Composite Fund                              | 1,650,866            |
| * Mutual of America                                               | 2060 Retirement Fund                        | 1,597,511            |

\* Indicates party-in-interest

See accompanying independent auditors' report.

**Supplemental  
Schedule**

**MUTUAL OF AMERICA SAVINGS PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

| Identity of issuer, Borrower,<br>lessor, or similar party | Description of investments                                                                                                       | Current Value                |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|                                                           | Mutual Funds                                                                                                                     |                              |
| T. Rowe Price                                             | Spectrum Conservative Allocation Fund I Class                                                                                    | 1,469,680                    |
| Goldman Sachs                                             | Small Cap Equity Insights Fund Class R6                                                                                          | 1,371,727                    |
| MFS                                                       | Mid Cap Value Fund Class R6                                                                                                      | 1,239,926                    |
| * Mutual of America                                       | Conservative Allocation Fund                                                                                                     | 1,183,435                    |
| * Mutual of America                                       | Mid-Term Bond Fund                                                                                                               | 1,160,603                    |
| Goldman Sachs                                             | U.S. Equity Insights Fund Class R6                                                                                               | 1,070,255                    |
| Calvert                                                   | Balanced Fund Class R6                                                                                                           | 1,040,597                    |
| * Mutual of America                                       | 2055 Retirement Fund                                                                                                             | 955,967                      |
| Victory                                                   | RS Small Cap Growth Fund Class R6                                                                                                | 955,533                      |
| Dodge & Cox                                               | Stock Fund                                                                                                                       | 823,026                      |
| * Mutual of America                                       | International Fund                                                                                                               | 704,177                      |
| * Mutual of America                                       | 2065 Retirement Fund Class                                                                                                       | 490,486                      |
| * Mutual of America                                       | 2015 Retirement Fund                                                                                                             | 455,205                      |
| BlackRock                                                 | Mid-Cap Growth Equity Portfolio Class K                                                                                          | 431,913                      |
| * Mutual of America                                       | Money Market Fund                                                                                                                | 375,115                      |
| Vanguard                                                  | Strategic Equity Fund Investor Shares                                                                                            | 321,506                      |
| Neuberger Berman                                          | Sustainable Equity Fund Class R6                                                                                                 | 313,266                      |
| Harbor Capital                                            | Appreciation Fund Retirement Class                                                                                               | 244,724                      |
| American Funds                                            | Washington Mutual Investors Fund Class R-6                                                                                       | 183,984                      |
| Calvert                                                   | US Mid Cap Core Responsible Index Fund Class I                                                                                   | 144,683                      |
| * Mutual of America                                       | Catholic Values Index Fund Class                                                                                                 | 102,417                      |
| Calvert                                                   | US Large Cap Core Responsible Index Fund Class R6                                                                                | 89,508                       |
| Fidelity Advisor                                          | Asset Manager 50% Z                                                                                                              | 78,153                       |
| Calvert                                                   | Small-Cap Fund Class R6                                                                                                          | 75,975                       |
| Vanguard                                                  | Treasury Money Market Fund Investor Shares                                                                                       | 53,999                       |
| Mid Atlantic                                              | Master Cash Account                                                                                                              | 34,938                       |
| Calvert                                                   | International Responsible Index Fund Class R6                                                                                    | 29,385                       |
| Ave Maria                                                 | Bond Fund                                                                                                                        | 13,085                       |
| T. Rowe Price                                             | Spectrum Moderate Allocation Fund I Class                                                                                        | 144                          |
| T. Rowe Price                                             | Spectrum Moderate Growth Allocation Fund I Class                                                                                 | 143                          |
| * Mutual of America Life Insurance<br>Company             | Participant loans (303 contracts with interest rates<br>ranging from 4.25% to 6.50% and maturities ranging<br>from 2022 to 2031) | 2,454,784                    |
|                                                           |                                                                                                                                  | \$ <u><u>470,700,364</u></u> |

\* Indicates party-in-interest

See accompanying independent auditors' report.

## MUTUAL OF AMERICA SAVINGS PLAN

Schedule H, line 4j –Schedule of Reportable Transactions

December 31, 2021

| Identity of issuer, Borrower,<br>lessor, or similar party | Description of investments                                                                                   | Cost of acquisition | Proceeds of<br>dispositior |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------|----------------------------|
|                                                           | Group Annuity Contract:                                                                                      |                     |                            |
| * Mutual of America Life Insurance<br>Company             | Mutual of America Separate Account No. 1                                                                     |                     | \$ 338,581,285             |
| * Mutual of America Life Insurance<br>Company             | General Account with an average credited interest rate<br>of 1.00% from January 1, 2021 to November 30, 2021 |                     | 118,984,434                |
|                                                           | Mutual Funds:                                                                                                |                     |                            |
|                                                           | Invesco Stable Value Trust - Class A1                                                                        | 118,984,434         |                            |
| * Mutual of America Equity Index Fund                     | Fidelity Advisor New Insights Z                                                                              | 50,788,036          |                            |
| * Mutual of America Mid-Cap Equity Index Fund             | T. Rowe Price Blue Chip Growth Fund I Class                                                                  | 27,665,878          |                            |
|                                                           | DWS Capital Growth Fund - Class R6                                                                           | 26,346,100          |                            |
|                                                           | American Century Heritage Fund R6 Class                                                                      | 24,879,914          |                            |
| * Mutual of America All America Fund                      | Vanguard International Growth Fund Admiral Shares                                                            | 22,452,360          |                            |
|                                                           | Vanguard Windsor II Fund Admiral Shares                                                                      | 19,396,276          |                            |
| * Mutual of America Small Cap Growth Fund                 | Fidelity Advisor Mid Cap II Z                                                                                | 16,497,105          |                            |
| * Mutual of America Small Cap Value Fund                  | Fidelity Advisor Equity Income Z                                                                             | 13,893,173          |                            |
|                                                           | Fidelity Advisor Mid Cap II Z                                                                                | 12,012,514          |                            |
|                                                           | Fidelity Advisor Equity Income Z                                                                             | 11,828,016          |                            |
| * Mutual of America 2025 Retirement Fund                  | Fidelity Advisor Mid Cap II Z                                                                                | 9,287,712           |                            |
| * Mutual of America Small Cap Equity Index Fund           | Fidelity Advisor Equity Income Z                                                                             | 8,288,633           |                            |
|                                                           | PIMCO Real Return Fund Institutional Class                                                                   | 7,244,791           |                            |
| * Mutual of America 2040 Retirement Fund                  | PIMCO Real Return Fund Institutional Class                                                                   | 6,797,965           |                            |
| * Mutual of America 2035 Retirement Fund                  | Vanguard Real Estate Index Fund Admiral Shares                                                               | 6,084,693           |                            |
|                                                           | Vanguard Real Estate Index Fund Admiral Shares                                                               | 4,983,316           |                            |
| * Mutual of America 2030 Retirement Fund                  | Vanguard Real Estate Index Fund Admiral Shares                                                               | 4,960,913           |                            |
|                                                           | Vanguard Real Estate Index Fund Admiral Shares                                                               | 4,737,216           |                            |
| * Mutual of America Bond Fund                             | Vanguard Real Estate Index Fund Admiral Shares                                                               | 4,566,597           |                            |
| * Mutual of America Mid Cap Value Fund                    | Vanguard Real Estate Index Fund Admiral Shares                                                               | 4,508,233           |                            |
|                                                           | Vanguard Real Estate Index Fund Admiral Shares                                                               | 4,052,903           |                            |
|                                                           | Vanguard Real Estate Index Fund Admiral Shares                                                               | 3,961,174           |                            |
|                                                           | Vanguard Real Estate Index Fund Admiral Shares                                                               | 3,570,923           |                            |
| * Mutual of America Retirement Income Fund                | Vanguard Real Estate Index Fund Admiral Shares                                                               | 3,438,417           |                            |

\* Indicates party-in-interest

See accompanying independent auditors' report.

MUTUAL OF AMERICA SAVINGS PLAN

Schedule H, line 4j –Schedule of Reportable Transactions

December 31, 2021

| Identity of issuer, Borrower,<br>lessor, or similar party   | Description of investments | Cost of acquisition   | Proceeds of<br>disposition |
|-------------------------------------------------------------|----------------------------|-----------------------|----------------------------|
| * Mutual of America 2050 Retirement Fund                    |                            | 3,228,895             |                            |
| * Mutual of America 2045 Retirement Fund                    |                            | 3,108,982             |                            |
| * Mutual of America Aggressive Allocation Fund              |                            | 3,059,792             |                            |
| Delaware Small Cap Value Fund Class R6                      |                            | 3,051,924             |                            |
| * Mutual of America 2020 Retirement Fund                    |                            | 2,953,599             |                            |
| * Mutual of America Moderate Allocation Fund                |                            | 1,803,664             |                            |
| Vanguard Total Bond Market Index Fund Admiral Shares        |                            | 1,703,840             |                            |
| T. Rowe Price Spectrum Conservative Allocation Fund I Class |                            | 1,604,937             |                            |
| * Mutual of America Composite Fund                          |                            | 1,597,720             |                            |
| * Mutual of America 2060 Retirement Fund                    |                            | 1,553,646             |                            |
| American Funds New World Fund Class R-6                     |                            | 1,538,445             |                            |
| * Mutual of America Mid-Term Bond Fund                      |                            | 1,270,595             |                            |
| Goldman Sachs Small Cap Equity Insights Fund Class R6       |                            | 1,218,839             |                            |
| * Mutual of America Conservative Allocation Fund            |                            | 1,165,272             |                            |
| MFS Mid Cap Value Fund Class R6                             |                            | 1,140,274             |                            |
| Calvert Balanced Fund Class R6                              |                            | 1,076,783             |                            |
| Victory RS Small Cap Growth Fund Class R6                   |                            | 1,022,260             |                            |
| * Mutual of America 2055 Retirement Fund                    |                            | 939,706               |                            |
| Goldman Sachs U.S. Equity Insights Fund Class R6            |                            | 901,400               |                            |
| * Mutual of America 2015 Retirement Fund                    |                            | 693,192               |                            |
| * Mutual of America International Fund                      |                            | 630,721               |                            |
| * Mutual of America 2065 Retirement Fund Class              |                            | 395,536               |                            |
| * Mutual of America Money Market Fund                       |                            | 383,091               |                            |
| Neuberger Berman Sustainable Equity Fund Class R6           |                            | 295,315               |                            |
|                                                             |                            | <u>\$ 457,565,719</u> | <u>\$ 457,565,719</u>      |

\* Indicates party-in-interest

See accompanying independent auditors' report.

**Schedule H, Line 4j**  
**Schedule of Reportable Transactions**

Name of Plan: ► Mutual of America Life Insurance Company Savings Plan

Employer Identification Number (EIN): ► 13-1614399

Three-digit plan number: ► 002

For the plan year beginning/ending: ► 01/01/2021 - 12/31/2021

| (a) Identity of party involved           | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase Price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|------------------------------------------|---------------------------------------------------------------------------------|--------------------|-------------------|------------------|---------------------------------------|-------------------|------------------------------------------------|------------------------|
| Mutual of America Life Insurance Company | Separate Account No. 1 Group Annuity Contract                                   |                    |                   |                  |                                       |                   | 338,581,285                                    |                        |
| Mutual of America Life Insurance Company | General Account Group Annuity Contract                                          |                    |                   |                  |                                       |                   | 118,984,434                                    |                        |
| Invesco                                  | Stable Value Trust - Class A1 Mutual Funds                                      |                    |                   |                  |                                       | 118,984,433       |                                                |                        |
| Mutual of America                        | Equity Index Fund Mutual Funds                                                  |                    |                   |                  |                                       | 50,788,036        |                                                |                        |
| Fidelity Advisor                         | New Insights Z Mutual Funds                                                     |                    |                   |                  |                                       | 27,665,878        |                                                |                        |
| Mutual of America                        | Mid-Cap Equity Index Fund Mutual Funds                                          |                    |                   |                  |                                       | 26,346,100        |                                                |                        |
| T. Rowe Price                            | Blue Chip Growth Fund I Class Mutual Funds                                      |                    |                   |                  |                                       | 24,879,914        |                                                |                        |
| DWS Capital                              | Growth Fund - Class R6 Mutual Funds                                             |                    |                   |                  |                                       | 22,452,360        |                                                |                        |
| American Century                         | Heritage Fund R6 Class Mutual Funds                                             |                    |                   |                  |                                       | 19,396,276        |                                                |                        |
| Mutual of America                        | All America Fund Mutual Funds                                                   |                    |                   |                  |                                       | 16,497,105        |                                                |                        |
| Vanguard                                 | International Growth Fund Admiral Shares Mutual Funds                           |                    |                   |                  |                                       | 13,893,173        |                                                |                        |
| Vanguard                                 | Windsor II Fund Admiral Shares Mutual Funds                                     |                    |                   |                  |                                       | 12,012,514        |                                                |                        |
| Mutual of America                        | Small Cap Growth Fund Mutual Funds                                              |                    |                   |                  |                                       | 11,828,016        |                                                |                        |
| Mutual of America                        | Small Cap Value Fund Mutual Funds                                               |                    |                   |                  |                                       | 9,287,712         |                                                |                        |
| Fidelity Advisor                         | Mid Cap II Z Mutual Funds                                                       |                    |                   |                  |                                       | 8,288,633         |                                                |                        |
| Fidelity Advisor                         | Equity Income Z Mutual Funds                                                    |                    |                   |                  |                                       | 7,244,791         |                                                |                        |
| Mutual of America                        | 2025 Retirement Fund Mutual Funds                                               |                    |                   |                  |                                       | 6,797,965         |                                                |                        |
| Mutual of America                        | Small Cap Equity Index Fund Mutual Funds                                        |                    |                   |                  |                                       | 6,084,693         |                                                |                        |
| PIMCO                                    | Real Return Fund Institutional Class Mutual Funds                               |                    |                   |                  |                                       | 4,983,316         |                                                |                        |
| Mutual of America                        | 2040 Retirement Fund Mutual Funds                                               |                    |                   |                  |                                       | 4,960,913         |                                                |                        |
| Mutual of America                        | 2035 Retirement Fund Mutual Funds                                               |                    |                   |                  |                                       | 4,737,216         |                                                |                        |
| Vanguard                                 | Real Estate Index Fund Admiral Shares Mutual Funds                              |                    |                   |                  |                                       | 4,566,597         |                                                |                        |
| Mutual of America                        | 2030 Retirement Fund Mutual Funds                                               |                    |                   |                  |                                       | 4,508,233         |                                                |                        |
| Mutual of America                        | Bond Fund Mutual Funds                                                          |                    |                   |                  |                                       | 4,052,903         |                                                |                        |
| Mutual of America                        | Mid Cap Value Fund Mutual Funds                                                 |                    |                   |                  |                                       | 3,961,174         |                                                |                        |
| Invesco                                  | Main Street Fund Class R6 Mutual Funds                                          |                    |                   |                  |                                       | 3,570,923         |                                                |                        |
| Mutual of America                        | Retirement Income Fund Mutual Funds                                             |                    |                   |                  |                                       | 3,438,417         |                                                |                        |
| Mutual of America                        | 2050 Retirement Fund Mutual Funds                                               |                    |                   |                  |                                       | 3,228,895         |                                                |                        |
| Mutual of America                        | 2045 Retirement Fund Mutual Funds                                               |                    |                   |                  |                                       | 3,108,982         |                                                |                        |
| Mutual of America                        | Aggressive Allocation Fund Mutual Funds                                         |                    |                   |                  |                                       | 3,059,792         |                                                |                        |
| Delaware                                 | Small Cap Value Fund Class R6 Mutual Funds                                      |                    |                   |                  |                                       | 3,051,924         |                                                |                        |
| Mutual of America                        | 2020 Retirement Fund Mutual Funds                                               |                    |                   |                  |                                       | 2,953,599         |                                                |                        |
| Mutual of America                        | Moderate Allocation Fund Mutual Funds                                           |                    |                   |                  |                                       | 1,803,664         |                                                |                        |
| Vanguard                                 | Total Bond Market Index Fund Admiral Shares Mutual Funds                        |                    |                   |                  |                                       | 1,703,840         |                                                |                        |
| T. Rowe Price                            | Spectrum Conservative Allocation Fund I Class Mutual Funds                      |                    |                   |                  |                                       | 1,604,937         |                                                |                        |
| Mutual of America                        | Composite Fund Mutual Funds                                                     |                    |                   |                  |                                       | 1,597,720         |                                                |                        |
| Mutual of America                        | 2060 Retirement Fund Mutual Funds                                               |                    |                   |                  |                                       | 1,553,646         |                                                |                        |
| American Funds                           | New World Fund Class R-6 Mutual Funds                                           |                    |                   |                  |                                       | 1,538,445         |                                                |                        |
| Mutual of America                        | Mid-Term Bond Fund Mutual Funds                                                 |                    |                   |                  |                                       | 1,270,595         |                                                |                        |
| Goldman Sachs                            | Small Cap Equity Insights Fund Class R6 Mutual Funds                            |                    |                   |                  |                                       | 1,218,839         |                                                |                        |
| Mutual of America                        | Conservative Allocation Fund Mutual Funds                                       |                    |                   |                  |                                       | 1,165,272         |                                                |                        |
| MFS                                      | Mid Cap Value Fund Class R6 Mutual Funds                                        |                    |                   |                  |                                       | 1,140,274         |                                                |                        |
| Calvert                                  | Balanced Fund Class R6 Mutual Funds                                             |                    |                   |                  |                                       | 1,076,783         |                                                |                        |
| Victory                                  | RS Small Cap Growth Fund Class R6 Mutual Funds                                  |                    |                   |                  |                                       | 1,022,260         |                                                |                        |
| Mutual of America                        | 2055 Retirement Fund Mutual Funds                                               |                    |                   |                  |                                       | 939,706           |                                                |                        |
| Goldman Sachs                            | U.S. Equity Insights Fund Class R6 Mutual Funds                                 |                    |                   |                  |                                       | 901,400           |                                                |                        |
| Mutual of America                        | 2015 Retirement Fund Mutual Funds                                               |                    |                   |                  |                                       | 693,192           |                                                |                        |
| Mutual of America                        | International Fund Mutual Funds                                                 |                    |                   |                  |                                       | 630,721           |                                                |                        |
| Mutual of America                        | 2065 Retirement Fund Class Mutual Funds                                         |                    |                   |                  |                                       | 395,536           |                                                |                        |
| Mutual of America                        | Money Market Fund Mutual Funds                                                  |                    |                   |                  |                                       | 383,091           |                                                |                        |
| Neuberger Berman                         | Sustainable Equity Fund Class R6 Mutual Funds                                   |                    |                   |                  |                                       | 295,315           |                                                |                        |

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan: Mutual of America Life Insurance Company Savings Plan

|                                     |                         |                |     |
|-------------------------------------|-------------------------|----------------|-----|
| Employer Identification Number: ▶   | 13-1614399              | Plan number: ▶ | 002 |
| For plan year (beginning/ending): ▶ | 01/01/2021 - 12/31/2021 |                |     |

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Invesco                                                   | Stable Value Trust - Class A1 Mutual Funds                                                                 |          | 117,798,066       |
|     | Mutual of America                                         | Equity Index Fund Mutual Funds                                                                             |          | 52,925,481        |
|     | Fidelity Advisor                                          | New Insights Z Mutual Funds                                                                                |          | 27,729,545        |
|     | Mutual of America                                         | Mid-Cap Equity Index Fund Mutual Funds                                                                     |          | 27,251,539        |
|     | T. Rowe Price                                             | Blue Chip Growth Fund I Class Mutual Funds                                                                 |          | 24,995,636        |
|     | DWS Capital                                               | Growth Fund - Class R6 Mutual Funds                                                                        |          | 22,921,081        |
|     | American Century                                          | Heritage Fund R6 Class Mutual Funds                                                                        |          | 19,076,059        |
|     | Mutual of America                                         | All America Fund Mutual Funds                                                                              |          | 17,013,955        |
|     | Vanguard                                                  | International Growth Fund Admiral Shares Mutual Funds                                                      |          | 13,778,401        |
|     | Vanguard                                                  | Windsor II Fund Admiral Shares Mutual Funds                                                                |          | 12,544,117        |
|     | Mutual of America                                         | Small Cap Growth Fund Mutual Funds                                                                         |          | 11,836,584        |
|     | Mutual of America                                         | Small Cap Value Fund Mutual Funds                                                                          |          | 9,713,752         |
|     | Fidelity Advisor                                          | Mid Cap II Z Mutual Funds                                                                                  |          | 8,482,798         |
|     | Fidelity Advisor                                          | Equity Income Z Mutual Funds                                                                               |          | 7,455,990         |
|     | Mutual of America                                         | 2025 Retirement Fund Mutual Funds                                                                          |          | 7,037,953         |
|     | Mutual of America                                         | 2030 Retirement Fund Mutual Funds                                                                          |          | 6,473,039         |
|     | Mutual of America                                         | Small Cap Equity Index Fund Mutual Funds                                                                   |          | 6,154,943         |
|     | Mutual of America                                         | 2040 Retirement Fund Mutual Funds                                                                          |          | 5,162,410         |
|     | Vanguard                                                  | Real Estate Index Fund Admiral Shares Mutual Funds                                                         |          | 5,037,754         |
|     | Mutual of America                                         | 2035 Retirement Fund Mutual Funds                                                                          |          | 4,863,439         |
|     | Mutual of America                                         | Mid Cap Value Fund Mutual Funds                                                                            |          | 4,296,942         |
|     | PIMCO                                                     | Real Return Fund Institutional Class Mutual Funds                                                          |          | 4,218,909         |
|     | Mutual of America                                         | Bond Fund Mutual Funds                                                                                     |          | 3,901,844         |
|     | Invesco                                                   | Main Street Fund Class R6 Mutual Funds                                                                     |          | 3,572,345         |
|     | Mutual of America                                         | Retirement Income Fund Mutual Funds                                                                        |          | 3,537,284         |
|     | Delaware                                                  | Small Cap Value Fund Class R6 Mutual Funds                                                                 |          | 3,367,745         |
|     | Mutual of America                                         | 2050 Retirement Fund Mutual Funds                                                                          |          | 3,358,998         |
|     | Mutual of America                                         | 2020 Retirement Fund Mutual Funds                                                                          |          | 3,260,312         |
|     | Mutual of America                                         | 2045 Retirement Fund Mutual Funds                                                                          |          | 3,229,230         |
|     | Mutual of America                                         | Aggressive Allocation Fund Mutual Funds                                                                    |          | 3,161,066         |
|     | Mutual of America                                         | Moderate Allocation Fund Mutual Funds                                                                      |          | 1,939,705         |
|     | Vanguard                                                  | Total Bond Market Index Fund Admiral Shares Mutual Funds                                                   |          | 1,785,299         |
|     | American Funds                                            | New World Fund Class R-6 Mutual Funds                                                                      |          | 1,701,427         |
|     | Mutual of America                                         | Composite Fund Mutual Funds                                                                                |          | 1,650,866         |
|     | Mutual of America                                         | 2060 Retirement Fund Mutual Funds                                                                          |          | 1,597,511         |
|     | T. Rowe Price                                             | Spectrum Conservative Allocation Fund I Class Mutual Funds                                                 |          | 1,469,680         |
|     | Goldman Sachs                                             | Small Cap Equity Insights Fund Class R6 Mutual Funds                                                       |          | 1,371,727         |
|     | MFS                                                       | Mid Cap Value Fund Class R6 Mutual Funds                                                                   |          | 1,239,926         |
|     | Mutual of America                                         | Conservative Allocation Fund Mutual Funds                                                                  |          | 1,183,435         |
|     | Mutual of America                                         | Mid-Term Bond Fund Mutual Funds                                                                            |          | 1,160,603         |
|     | Goldman Sachs                                             | U.S. Equity Insights Fund Class R6 Mutual Funds                                                            |          | 1,070,255         |
|     | Calvert                                                   | Balanced Fund Class R6 Mutual Funds                                                                        |          | 1,040,597         |
|     | Mutual of America                                         | 2055 Retirement Fund Mutual Funds                                                                          |          | 955,967           |
|     | Victory                                                   | RS Small Cap Growth Fund Class R6 Mutual Funds                                                             |          | 955,533           |
|     | Dodge & Cox                                               | Stock Fund Mutual Funds                                                                                    |          | 823,026           |
|     | Mutual of America                                         | International Fund Mutual Funds                                                                            |          | 704,177           |
|     | Mutual of America                                         | 2065 Retirement Fund Class Mutual Funds                                                                    |          | 490,486           |
|     | Mutual of America                                         | 2015 Retirement Fund Mutual Funds                                                                          |          | 455,205           |
|     | BlackRock                                                 | Mid-Cap Growth Equity Portfolio Class K Mutual Funds                                                       |          | 431,913           |
|     | Mutual of America                                         | Money Market Fund Mutual Funds                                                                             |          | 375,115           |
|     | Vanguard                                                  | Strategic Equity Fund Investor Shares Mutual Funds                                                         |          | 321,506           |
|     | Neuberger Berman                                          | Sustainable Equity Fund Class R6 Mutual Funds                                                              |          | 313,266           |
|     | Harbor Capital                                            | Appreciation Fund Retirement Class Mutual Funds                                                            |          | 244,724           |
|     | American Funds                                            | Washington Mutual Investors Fund Class R-6 Mutual Funds                                                    |          | 183,984           |
|     | Calvert                                                   | US Mid Cap Core Responsible Index Fund Class I Mutual Funds                                                |          | 144,683           |
|     | Mutual of America                                         | Catholic Values Index Fund Class Mutual Funds                                                              |          | 102,417           |
|     | Calvert                                                   | US Large Cap Core Responsible Index Fund Class R6 Mutual Funds                                             |          | 89,508            |
|     | Fidelity Advisor                                          | Asset Manager 50% Z Mutual Funds                                                                           |          | 78,153            |
|     | Calvert                                                   | Small-Cap Fund Class R6 Mutual Funds                                                                       |          | 75,975            |
|     | Vanguard                                                  | Treasury Money Market Fund Investor Shares Mutual Funds                                                    |          | 53,999            |
|     | Mid Atlantic                                              | Master Cash Account Mutual Funds                                                                           |          | 34,938            |
|     | Calvert                                                   | International Responsible Index Fund Class R6 Mutual Funds                                                 |          | 29,385            |
|     | Ave Maria                                                 | Bond Fund Mutual Funds                                                                                     |          | 13,085            |
|     | T. Rowe Price                                             | Spectrum Moderate Allocation Fund I Class Mutual Funds                                                     |          | 144               |
|     | T. Rowe Price                                             | Spectrum Moderate Growth Allocation Fund I Class Mutual Funds                                              |          | 143               |
|     | Mutual of America Life Insurance Company                  | Participant Loans                                                                                          |          | 2,454,784         |