

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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 ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>403(B) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1979</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>06-0915531</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>203-785-8533</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>813000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1979</u>		2b Employer Identification Number (EIN) <u>06-0915531</u>		2c Plan Sponsor's telephone number <u>203-785-8533</u>		2d Business code (see instructions) <u>813000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1979</u>											
2b Employer Identification Number (EIN) <u>06-0915531</u>											
2c Plan Sponsor's telephone number <u>203-785-8533</u>											
2d Business code (see instructions) <u>813000</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.</u> <u>117 WASHINGTON AVE STE 17</u> <u>NORTH HAVEN, CT 06473-1708</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	JOSEPH MAGLIOCHETTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 146
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 89 6a(2) 86 6b 0 6c 70 6d 156 6e 0 6f 156 6g 151 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2S 2T 2L b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan 403(B) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.	D Employer Identification Number (EIN) 06-0915531

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

(a) Name of insurance carrier
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	056194K	156	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
0	1152

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
HARTFORD REGIONAL OFFICE
SOMERSET SQUARE 95 GLASTONBURY BOUL
EVARD, SUITE 410
GLASTONBURY, CT 06033-4414

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1152	PORTION OF INCENTIVE COMP. PROGRAM	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	933241
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	4378231

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

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

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

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

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

b	Balance at the end of the previous year	7b	1024607
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c	Additions: (1) Contributions deposited during the year	7c(1)	100806	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	9614	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	110420
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1135027
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	141761	
	(2) Administration charge made by carrier.....	7e(2)	787	
	(3) Transferred to separate account.....	7e(3)	59238	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	201786
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	933241
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan 403(B) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.	D Employer Identification Number (EIN) 06-0915531	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
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	
VANGUARD	PO BOX 2600 VALLEY FORGE, PA 19482-2600

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606-5808

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO VI MAIN STREET	PO BOX 5270 DENVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENTS

PO BOX 419786
KANSAS CITY, MO 64141-6786

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

CALVERT

4550 MONTGOMERY AVENUE SUITE 1000N
BETHESDA, MD 20814

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

(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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

VICTORY FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144

(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

GOLDMAN SACHS VIT FUNDS

200 WEST STREET
NEW YORK, NY 10282

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

DELAWARE FUNDS

ONE COMMERCE SQUARE,
2005 MARKET STREET
PHILADELPHIA, PA 19103

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37	INSURANCE CARRIER	1782	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan 403(B) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.				D Employer Identification Number (EIN) 06-0915531	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER GS2					
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA					
c EIN-PN 13-1614399-000		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4378231	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value	

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
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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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan 403(B) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.	D Employer Identification Number (EIN) 06-0915531	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3616795	4378231
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1024607	933241
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	4641402 5311472
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	4641402 5311472

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	92317
	(B) Participants	2a(1)(B)	222440
	(C) Others (including rollovers).....	2a(1)(C)	1850
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	316607
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	0
	(F) Other	2b(1)(F)	9614
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	9614
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		708101
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1034322
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	362502	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		362502
f Corrective distributions (see instructions).....	2f		
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)	1750	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1750
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		364252
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		670070
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: GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC

(2) EIN: 06-0971998

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan 403(B) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.	D Employer Identification Number (EIN) 06-0915531

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 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	0

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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 _____

**403(b) THRIFT PLAN OF AGENCY ON AGING
OF SOUTH CENTRAL CONNECTICUT, INC.**

**Financial Statements and Supplementary Information
with Independent Auditor's Report**

December 31, 2021 and 2020

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

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GUILMARTIN ▪ DIPIRO ▪ SOKOLOWSKI LLC

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

The Board of Directors
403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc.:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc.'s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc.'s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc.'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 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc.'s ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - 2021 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, line 4(a) - Schedule of Delinquent Contributions as of and 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Other Matter - Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Guilma Di Piro & Sokolowski LLC

Middletown, Connecticut
October 14, 2022

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments at fair value:		
Pooled separate accounts	\$ 4,378,231	\$ 3,616,795
Insurance company general account	<u>933,241</u>	<u>1,024,607</u>
Total investments at fair value	<u>5,311,472</u>	<u>4,641,402</u>
 Receivables:		
Notes receivable from participants	<u>-</u>	<u>-</u>
 Total assets	<u>5,311,472</u>	<u>4,641,402</u>
 Liabilities:		
Total liabilities	<u>-</u>	<u>-</u>
 Net assets available for benefits	<u>\$ 5,311,472</u>	<u>\$ 4,641,402</u>

See accompanying notes to financial statements.

(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, II

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2021

	<u>2021</u>
Additions:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 708,101
Interest credited to general account	<u>9,614</u>
	<u>717,715</u>
Contributions:	
Employer	92,317
Participants	222,440
Rollover	<u>1,850</u>
	<u>316,607</u>
Total additions	<u>1,034,322</u>
Deductions:	
Benefits paid to participants	362,502
Administrative expenses	<u>1,750</u>
Total deductions	<u>364,252</u>
Net increase in net assets available for benefits	<u>670,070</u>
Net assets available for benefits:	
Beginning of year	<u>4,641,402</u>
End of year	<u>\$ 5,311,472</u>

See accompanying notes to financial statements.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF PLAN

The following description of the 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc. (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc. is a defined contribution plan which provides for the payment of benefits upon meeting the age eligibility, death or a disability that prevents working to certain eligible employees of Agency on Aging of South Central Connecticut, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees of the Company are eligible to make pre-tax contributions as well as Roth after-tax contributions on the first day of the month coinciding with or immediately following their date of hire. There is no minimum age or service requirement to make salary deferral contributions. Participants who have completed six months of eligible service are eligible for matching contributions made by the employer.

Contributions

Each year, participants may contribute a percentage of pre-tax compensation, up to the limits as prescribed by the Internal Revenue Code (IRC) and as defined by the Plan. Participants who are over age 50 are eligible to make catch-up contributions in accordance with the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). All contributions to participant accounts are directed by the participants into the investment(s) of their choice. The Plan currently offers mutual funds (separate accounts) and an insurance company general account through Mutual of America Life Insurance Company for participants to put their contributions into.

The Plan requires the employer to make matching contributions on the participants' behalf at the lesser of 100% of their salary reduction contributions or 2.5% of the participants' compensation received during the Plan year.

Participant accounts

Each participant's account is credited with the participant's contributions, the employer's matching contributions and Plan earnings, and charged a monthly participant charge that is the lesser of \$2 or 1/12th of 1% of the participant's account value for the month. If the account value is less than \$2,400 the charge is deducted from the participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are fully vested immediately in all employee elective deferral contributions and all employer matching contributions, plus actual earnings thereon.

Notes receivable from participants

Participants may request plan loans based on the vested value of their individual accounts attributable to contributions invested in contract and custodial accounts issued by the Plan's designated provider, Mutual of America Life Insurance Company (Mutual of America). Mutual of America provides loans directly from Mutual of America funds and are not distributed from the participants' vested balances. The participants' vested balance is used to collateralize the participant loan and the funds are transferred, within the Plan assets, to the general account.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

Notes receivable from participants, continued

Mutual of America provides loans to participants which are secured by the participant's vested account balance that is segregated in the participant's interest accumulation account. Participants may receive loans at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The interest rate on all outstanding loans at December 31, 2021 was 4%. Principal and interest are paid directly to Mutual of America in equal periodic payments through salary reduction. The amount of Plan assets used to collateralize the loans by Mutual of America was \$17,482 and \$22,090 at December 31, 2021 and 2020, respectively.

A loan will be considered in default if any scheduled repayment remains unpaid as of the end of the "cure period," which ends on the last day of the calendar quarter following the calendar quarter in which the required repayments were due. After default occurs, if a distribution to the participant is permissible under the Plan, the vested amount of the participant's account balance will be reduced or offset by the outstanding principal and interest of the defaulted loan. If a distribution to the participant is not allowed, the entire outstanding balance of the loan will be treated as a deemed distribution. A deemed distribution is treated as a distribution to the participant only for certain tax purposes and is not a distribution of the account. Interest continues to accrue on any defaulted loan which results in a deemed distribution, to the date of repayment. At December 31, 2021 and 2020, the Plan had no loans in default.

Please see Note 8 for Coronavirus-related loans allowed and loan repayment provisions under the Plan's amendment under the CARES Act for Coronavirus impacted participants.

Hardship withdrawals

In the event of financial hardship, as defined under the Plan and under current Internal Revenue Service regulations, participants are permitted to receive hardship withdrawals of their own elective deferrals and vested employer contributions. Participants may not make any elective deferral contributions for six months after receiving a hardship withdrawal.

Please see Note 8 for changes to hardship withdrawals, which were implemented during the prior fiscal year as a result of the Bipartisan Budget Act of 2018.

Payment of benefits

On termination of service due to death, disability, termination or retirement, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. In the event of a participant's death before termination of employment and before distribution of benefits has begun, a participant will become 100% vested and the amount of the participant's account balance will be payable in a single lump-sum to the participant's beneficiary(ies).

Participants may withdraw their vested account balances once they reach age 59½. Other distribution methods under the Plan are available to beneficiaries depending on vested account balances.

Please see Note 8 for Coronavirus-related distributions allowed under the Plan's amendment under the CARES Act for Coronavirus impacted participants.

Forfeited accounts

As all contributions were immediately and fully vested, there were no forfeited non-vested account balances in the Plan.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

Investment options

Upon enrollment in the Plan, participants may direct contributions into various mutual funds and an insurance company general account through Mutual of America Life Insurance Company. The following investment options are available for the investment of the participants' and employer matching contributions: money market funds, equity mutual funds, fixed income mutual funds and an insurance company general account - interest accumulation fund.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

The Plan's investments are reported at fair value as reported by Mutual of America Life Insurance Company. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the Plan's investment advisor, Mutual of America Life Insurance Company. See Note 4 for discussion of fair value measurements and Note 9 for discussion of the contract with the insurance company.

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. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The general account consists of the interest accumulation account and includes all interest allocated to the account during the period. The separate accounts are valued based on the net asset values of the various underlying investment funds at the close of business on the New York Stock Exchange less administrative and other charges. All underlying investments of the contract are 100% participant directed.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

The Plan is sponsored by the Company. Personnel within the Company perform various administrative services for the Plan, including maintenance of participant records. The payroll and related overhead costs associated with these services are not included as Plan expenses but are paid by the Company. Expenses paid by the Plan consist of Plan administration fees and Plan investment fees.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant's loan will be collectible by Mutual of America if the participant is otherwise eligible for withdrawal based on Internal Revenue Service rules and the Plan's provisions. If the participant is not otherwise eligible for withdrawal as described above, the participant will incur a deemed distribution for the unpaid loan and be subject to interest and fees until it is paid back.

Recently issues pronouncements

In July 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-09, *Codification Improvements*. ASU 2018-09 notes a plan should evaluate whether a readily determinable fair value exists. The guidance is effective for fiscal years beginning after December 15, 2019. The adoption of this ASU had no effect on the Plan for the years ended December 31, 2021 and 2020.

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820), Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 was issued as part of a disclosure framework project to improve the effectiveness of disclosure requirements from Topic 820. ASU 2018-13 is effective for all entities for fiscal years beginning after December 15, 2019. The adoption of this ASU had no effect on the Plan for the years ended December 31, 2021 and 2020.

In July 2019, the American Institute of Certified Public Accountants (AICPA) issued Statement on Auditing Standards (SAS) No. 136, *Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans Subject to ERISA*. This auditing standard is effective for periods ending on or after December 15, 2021. These standards were implemented for the Plan year ended December 31, 2021.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Mutual of America Life Insurance Company, an insurance company holding and administering Plan investments.

	<u>2021</u>	<u>2020</u>
Investments at fair value included in the general and pooled separate accounts:		
Money market funds - pooled separate accounts	\$ 41,559	\$ 34,353
Equity mutual funds - pooled separate accounts	4,305,056	3,550,915
Fixed income mutual funds - pooled separate accounts	31,616	31,527
General account - interest accumulation fund	<u>933,241</u>	<u>1,024,607</u>
	<u>\$5,311,472</u>	<u>\$4,641,402</u>

The net investment income of the Plan for the year ended December 31, 2021 is as follows:

	<u>2021</u>
Net appreciation in fair value of investments	\$708,101
Interest credited to general account	<u>9,614</u>
	<u>\$717,715</u>

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Insurance company general account: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The insurance company general account consists of the guaranteed interest account in the table below.

Pooled separate accounts: The values of the pooled separate accounts are based on the fair values of the underlying investments. Net asset value is used as a practical expedient to estimate fair value. The total amount of the pooled separate accounts is included in the table below as investments measured at net asset value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020.

Assets at fair value as of December 31, 2021				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed interest account	\$ -	\$ 933,241	\$ -	\$ 933,241
Total assets in the fair value hierarchy	-	933,241	-	933,241
Investments measured at net asset value ^(a)	-	-	-	4,378,231
Investments at fair value	\$ -	\$ 933,241	\$ -	\$5,311,472

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

Fair value measurements, continued

Assets at fair value as of December 31, 2020				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed interest account	\$ -	\$1,024,607	\$ -	\$1,024,607
Total assets in the fair value hierarchy	-	1,024,607	-	1,024,607
Investments measured at net asset value ^(a)	-	-	-	3,616,795
Investments at fair value	\$ -	\$1,024,607	\$ -	\$4,641,402

^(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2021</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$4,378,231	\$ -	Daily	1 Day

<u>December 31, 2020</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$3,616,795	\$ -	Daily	1 Day

NOTE 5 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Mutual of America Life Insurance Company. As described in Note 1, under Notes receivable from participants, Mutual of America provides plan loans to participants, which are secured by contracts and custodial accounts issued by this provider. Mutual of America is the trustee and recordkeeper for the Plan.

Fees incurred by the Plan for investment management services are paid by the plan sponsor.

The plan sponsor pays directly any other fees related to the Plan's operations.

Notes receivable from participants totaled \$17,482 and \$22,090 at December 31, 2021 and 2020, respectively and interest income on notes receivable from participants totaled \$833 for the year ended December 31, 2021.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 7 - TAX STATUS

Management believes the Plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC).

Effective March 31, 2020, Plan management has adopted Mutual of America's prototype plan, which has been approved by the Internal Revenue Service under their determination letter dated March 31, 2017. All terms of the Plan remain the same as under the Plan's previous plan document, which Mutual of America had not applied for and received a plan determination letter for.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – PLAN AMENDMENTS

The following Plan changes have been adopted by the Plan. The plan sponsors will execute amendments to the Plan on or before the required due dates for each respective amendment:

In connection with the Setting Every Community Up for Retirement Enhancement (SECURE) Act, which was signed into law on December 20, 2019, the age for required minimum distributions for certain plan participants has been changed to 72 from 70½.

The Plan's administrators have adopted the provisions pertaining to Coronavirus-related distributions and loans which were enacted into law under the Coronavirus Aid, Relief, and Economic Security Act, (CARES Act) in response to the outbreak of the novel Coronavirus pandemic. These Plan changes are permitted as operational relief items for impacted plan participants, as defined by the Act. The changes to the Plan under the CARES Act include the following:

Coronavirus-related distributions

- Impacted individuals may receive up to \$100,000 of distributions through December 31, 2020 with no 10% penalty tax for early withdrawal imposed.
- The above participants' withdrawal(s) will be included in their taxable income over a three year period.
- Repayment of the withdrawal amount(s) will be permitted if repayment occurs within three years of the distribution.

Coronavirus-related loans

- Impacted participants may borrow up to the lesser of \$100,000 or 100% of their account balance.
- Loan payments which were due through December 31, 2020 were allowed to be delayed for one year. Loans will be subsequently adjusted for the accrued interest and revised loan term.

Required minimum distributions

- Rules for required minimum distributions were waived for the calendar year 2020.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

Plan amendments, continued

During the 2019 Plan year, the Plan's management had also adopted changes to the Plan to comply with then recent enacted laws. The main provisions of these changes affecting the Plan include the following:

Bipartisan Budget Act of 2018

- Allow hardship withdrawals from more sources of funds in the participants' accounts.
- Removal of the requirement to take a Plan loan before a hardship withdrawal.
- Removal of the six-month required suspension of participant contributions after taking a hardship withdrawal.

Tax Cuts and Jobs Act

- Provide additional time for an individual to rollover a qualified Plan loan offset into the Plan.

In prior years, the plan administrator has amended the Plan to comply with various IRS regulations such as the Final IRC 415 Regulations, the Pension Protection Act of 2006 and the Final IRC 403(b) Regulations and amendments to comply with the HEART Act, WRERA and other IRS guidance.

NOTE 9 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

Investments of the Plan are held under an unallocated group annuity contract with Mutual of America Life Insurance Company.

Mutual of America invests the contributions in the group annuity contract in the general account, which is the fixed income portion, and pooled separate accounts, which are the variable portion in which participants may direct their contributions within various funds. The contract is included in the financial statements at fair value. The contract is included in the financial statements at fair value because management believes that it is not fully benefit-responsive. Guarantees are supported by the general account of Mutual of America Life Insurance Company. The minimum guaranteed credit rate is determined in accordance with the National Association of Insurance Commissioners (NAIC). The minimum guaranteed credited interest rate will not be less than 1% or more than 3%. At the beginning of each calendar year, Mutual of America determines the crediting interest rate by using NAIC's minimum rate formula.

For the years ended December 31, 2021 and 2020, the effective annual interest rate of the general account was guaranteed under contract at a minimum credited interest rate of 1.00%.

NOTE 10 – RISKS AND UNCERTAINTIES

Investments

The Plan, through the general account and separate accounts of the group annuity contract, invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Change in market conditions

The continuing outbreak of the novel Coronavirus and resulting pandemic has adversely impacted global commercial activity and contributed to significant volatility in financial markets. The Plan is invested in money market funds, equity mutual funds, fixed income mutual funds and insurance company general account - interest accumulation fund, which all have been subject to substantial volatility. Depending on the severity and length of the outbreak, the novel Coronavirus could present material uncertainty and risk with respect to the Plan, the market, its performance and its financial results. Because the values of the Plan's investments have and will fluctuate in response to changing market conditions, the amount of losses that may be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 11 – REPORTING OF POOLED SEPARATE ACCOUNTS ON FORM 5500

The Plan's Pooled Separate Accounts (PSAs), which are held within the Plan's group annuity contract do not file their own Form 5500 as a Direct Filing Entity (DFE). Accordingly, under IRS requirements, their assets are not reported as an interest in a pooled separate account on Schedule H of the Plan's Form 5500 and instead are reported as interest in registered investment companies. The PSAs are further described as an asset of the Plan's group annuity contract on the schedule of assets that is required to be attached to the Plan's Form 5500 filing.

NOTE 12 – SUBSEQUENT EVENTS

Since December 31, 2021, the general markets have decreased more than 10%. Because the values of the Plan's investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

Evaluation of subsequent events

The Plan has evaluated events and transactions for potential recognition or disclosure through October 14, 2022, which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.
EIN: 06-0915531

Schedule H, line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) <u>Identity of Issue, Borrower, Lessor or Similar Party</u>	(c) <u>Description of Investment Including maturity date, rate of interest, collateral, par or maturity value</u>	(d) <u>Cost**</u>	(e) <u>Current Value</u>
* Mutual of America Life Insurance Company		General Account - Interest Accumulation Fund	**	\$933,241
* Mutual of America Aggressive Allocation		Pooled Separate Account	**	7,011
* Mutual of America Moderate Allocation		Pooled Separate Account	**	26,388
* Mutual of America Bond Fund		Pooled Separate Account	**	30,055
* T. Rowe Price Blue Chip Growth Fund		Pooled Separate Account	**	64,404
* Mutual of America Composite Fund		Pooled Separate Account	**	17,371
* Calvert VP SRI Balanced Portfolio		Pooled Separate Account	**	15,450
* Mutual of America Equity Index Fund		Pooled Separate Account	**	287,504
* Fidelity Investments VIP Mid Cap		Pooled Separate Account	**	15,372
* Fidelity Investments VIP Asset Manager		Pooled Separate Account	**	4
* Fidelity Investments VIP Contrafund		Pooled Separate Account	**	579,203
* Fidelity Investments VIP Equity - Income		Pooled Separate Account	**	224,999
* Goldman Sachs VIT US Equity Insights		Pooled Separate Account	**	147
* American Funds IS New World Fund		Pooled Separate Account	**	343
* Mutual of America Money Market Fund		Pooled Separate Account	**	41,559
* Mutual of America Mid-Term Bond Fund		Pooled Separate Account	**	1,561
* Mutual of America Mid Cap Equity Index		Pooled Separate Account	**	508,354
* Mutual of America Mid Cap Value Fund		Pooled Separate Account	**	27,840
* Mutual of America International Fund		Pooled Separate Account	**	1,133
* Oppenheimer Main Street VA		Pooled Separate Account	**	7,796
* Mutual of America Retirement Income Fund		Pooled Separate Account	**	134,718
* Vanguard VIF REIT Index Portfolio		Pooled Separate Account	**	1,169
* PIMCO VIT Real Return Portfolio		Pooled Separate Account	**	397
* Victory RS Small Cap Growth Equity VIP		Pooled Separate Account	**	350
* Mutual of America 2015 Retirement Fund		Pooled Separate Account	**	6,203
* Mutual of America 2020 Retirement Fund		Pooled Separate Account	**	94,939
* Mutual of America 2025 Retirement Fund		Pooled Separate Account	**	393,173
* Mutual of America 2030 Retirement Fund		Pooled Separate Account	**	191,209
* Mutual of America 2035 Retirement Fund		Pooled Separate Account	**	174,545
* Mutual of America 2040 Retirement Fund		Pooled Separate Account	**	214,355
* Mutual of America 2045 Retirement Fund		Pooled Separate Account	**	263,687
* Mutual of America 2050 Retirement Fund		Pooled Separate Account	**	175,359
* Mutual of America 2055 Retirement Fund		Pooled Separate Account	**	73,108
* Mutual of America 2060 Retirement Fund		Pooled Separate Account	**	34,394
* Mutual of America All America Fund		Pooled Separate Account	**	171,121
* Mutual of America Small Cap Equity Index Fund		Pooled Separate Account	**	6,844
* Deutsche Capital Growth VIP		Pooled Separate Account	**	66,425
* Mutual of America Small Cap Growth Fund		Pooled Separate Account	**	173,095
* Mutual of America Small Cap Value Fund		Pooled Separate Account	**	152,273
* American Century VP Capital Appreciation		Pooled Separate Account	**	61,012
* Vanguard VIF Diversified Value Portfolio		Pooled Separate Account	**	69,890
* Vanguard VIF International Portfolio		Pooled Separate Account	**	54,437
* Vanguard Total Bond Mkt 1 Prt		Pooled Separate Account	**	9,034
				<u>\$ 5,311,472</u>

* Party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.**EIN: 06-0915531****PLAN #: 001****Schedule H, line 4(a) - Schedule of Delinquent Contributions****For the year ended December 31, 2021**

Participant Contributions Transferred Late to Plan				Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE <u>2002-51</u>
<u>Amount Withheld</u>	<u>Date Withheld</u>	<u>Date Remitted</u>	Check Here if Late Participant Loan Repayments are <u>Included</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>	
<u>\$29,793</u>	01/09/20	01/16/20		<u>\$ -</u>	<u>\$29,793</u>	<u>\$ -</u>	<u>\$ -</u>

**403(b) THRIFT PLAN OF AGENCY ON AGING
OF SOUTH CENTRAL CONNECTICUT, INC.**

**Financial Statements and Supplementary Information
with Independent Auditor's Report**

December 31, 2021 and 2020

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

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GUILMARTIN ▪ DIPIRO ▪ SOKOLOWSKI LLC

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

The Board of Directors
403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc.:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc.'s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc.'s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc.'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 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc.'s ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - 2021 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, line 4(a) - Schedule of Delinquent Contributions as of and 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Other Matter - Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Guilma Di Piro & Sokolowski LLC

Middletown, Connecticut
October 14, 2022

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments at fair value:		
Pooled separate accounts	\$ 4,378,231	\$ 3,616,795
Insurance company general account	<u>933,241</u>	<u>1,024,607</u>
Total investments at fair value	<u>5,311,472</u>	<u>4,641,402</u>
 Receivables:		
Notes receivable from participants	<u>-</u>	<u>-</u>
 Total assets	<u>5,311,472</u>	<u>4,641,402</u>
 Liabilities:		
Total liabilities	<u>-</u>	<u>-</u>
 Net assets available for benefits	<u>\$ 5,311,472</u>	<u>\$ 4,641,402</u>

See accompanying notes to financial statements.

(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, II

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2021

	<u>2021</u>
Additions:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 708,101
Interest credited to general account	<u>9,614</u>
	<u>717,715</u>
Contributions:	
Employer	92,317
Participants	222,440
Rollover	<u>1,850</u>
	<u>316,607</u>
Total additions	<u>1,034,322</u>
Deductions:	
Benefits paid to participants	362,502
Administrative expenses	<u>1,750</u>
Total deductions	<u>364,252</u>
Net increase in net assets available for benefits	<u>670,070</u>
Net assets available for benefits:	
Beginning of year	<u>4,641,402</u>
End of year	<u>\$ 5,311,472</u>

See accompanying notes to financial statements.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF PLAN

The following description of the 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc. (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The 403(b) Thrift Plan of Agency on Aging of South Central Connecticut, Inc. is a defined contribution plan which provides for the payment of benefits upon meeting the age eligibility, death or a disability that prevents working to certain eligible employees of Agency on Aging of South Central Connecticut, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees of the Company are eligible to make pre-tax contributions as well as Roth after-tax contributions on the first day of the month coinciding with or immediately following their date of hire. There is no minimum age or service requirement to make salary deferral contributions. Participants who have completed six months of eligible service are eligible for matching contributions made by the employer.

Contributions

Each year, participants may contribute a percentage of pre-tax compensation, up to the limits as prescribed by the Internal Revenue Code (IRC) and as defined by the Plan. Participants who are over age 50 are eligible to make catch-up contributions in accordance with the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). All contributions to participant accounts are directed by the participants into the investment(s) of their choice. The Plan currently offers mutual funds (separate accounts) and an insurance company general account through Mutual of America Life Insurance Company for participants to put their contributions into.

The Plan requires the employer to make matching contributions on the participants' behalf at the lesser of 100% of their salary reduction contributions or 2.5% of the participants' compensation received during the Plan year.

Participant accounts

Each participant's account is credited with the participant's contributions, the employer's matching contributions and Plan earnings, and charged a monthly participant charge that is the lesser of \$2 or 1/12th of 1% of the participant's account value for the month. If the account value is less than \$2,400 the charge is deducted from the participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are fully vested immediately in all employee elective deferral contributions and all employer matching contributions, plus actual earnings thereon.

Notes receivable from participants

Participants may request plan loans based on the vested value of their individual accounts attributable to contributions invested in contract and custodial accounts issued by the Plan's designated provider, Mutual of America Life Insurance Company (Mutual of America). Mutual of America provides loans directly from Mutual of America funds and are not distributed from the participants' vested balances. The participants' vested balance is used to collateralize the participant loan and the funds are transferred, within the Plan assets, to the general account.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

Notes receivable from participants, continued

Mutual of America provides loans to participants which are secured by the participant's vested account balance that is segregated in the participant's interest accumulation account. Participants may receive loans at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The interest rate on all outstanding loans at December 31, 2021 was 4%. Principal and interest are paid directly to Mutual of America in equal periodic payments through salary reduction. The amount of Plan assets used to collateralize the loans by Mutual of America was \$17,482 and \$22,090 at December 31, 2021 and 2020, respectively.

A loan will be considered in default if any scheduled repayment remains unpaid as of the end of the "cure period," which ends on the last day of the calendar quarter following the calendar quarter in which the required repayments were due. After default occurs, if a distribution to the participant is permissible under the Plan, the vested amount of the participant's account balance will be reduced or offset by the outstanding principal and interest of the defaulted loan. If a distribution to the participant is not allowed, the entire outstanding balance of the loan will be treated as a deemed distribution. A deemed distribution is treated as a distribution to the participant only for certain tax purposes and is not a distribution of the account. Interest continues to accrue on any defaulted loan which results in a deemed distribution, to the date of repayment. At December 31, 2021 and 2020, the Plan had no loans in default.

Please see Note 8 for Coronavirus-related loans allowed and loan repayment provisions under the Plan's amendment under the CARES Act for Coronavirus impacted participants.

Hardship withdrawals

In the event of financial hardship, as defined under the Plan and under current Internal Revenue Service regulations, participants are permitted to receive hardship withdrawals of their own elective deferrals and vested employer contributions. Participants may not make any elective deferral contributions for six months after receiving a hardship withdrawal.

Please see Note 8 for changes to hardship withdrawals, which were implemented during the prior fiscal year as a result of the Bipartisan Budget Act of 2018.

Payment of benefits

On termination of service due to death, disability, termination or retirement, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. In the event of a participant's death before termination of employment and before distribution of benefits has begun, a participant will become 100% vested and the amount of the participant's account balance will be payable in a single lump-sum to the participant's beneficiary(ies).

Participants may withdraw their vested account balances once they reach age 59½. Other distribution methods under the Plan are available to beneficiaries depending on vested account balances.

Please see Note 8 for Coronavirus-related distributions allowed under the Plan's amendment under the CARES Act for Coronavirus impacted participants.

Forfeited accounts

As all contributions were immediately and fully vested, there were no forfeited non-vested account balances in the Plan.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

Investment options

Upon enrollment in the Plan, participants may direct contributions into various mutual funds and an insurance company general account through Mutual of America Life Insurance Company. The following investment options are available for the investment of the participants' and employer matching contributions: money market funds, equity mutual funds, fixed income mutual funds and an insurance company general account - interest accumulation fund.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

The Plan's investments are reported at fair value as reported by Mutual of America Life Insurance Company. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the Plan's investment advisor, Mutual of America Life Insurance Company. See Note 4 for discussion of fair value measurements and Note 9 for discussion of the contract with the insurance company.

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. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The general account consists of the interest accumulation account and includes all interest allocated to the account during the period. The separate accounts are valued based on the net asset values of the various underlying investment funds at the close of business on the New York Stock Exchange less administrative and other charges. All underlying investments of the contract are 100% participant directed.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

The Plan is sponsored by the Company. Personnel within the Company perform various administrative services for the Plan, including maintenance of participant records. The payroll and related overhead costs associated with these services are not included as Plan expenses but are paid by the Company. Expenses paid by the Plan consist of Plan administration fees and Plan investment fees.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant's loan will be collectible by Mutual of America if the participant is otherwise eligible for withdrawal based on Internal Revenue Service rules and the Plan's provisions. If the participant is not otherwise eligible for withdrawal as described above, the participant will incur a deemed distribution for the unpaid loan and be subject to interest and fees until it is paid back.

Recently issues pronouncements

In July 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-09, *Codification Improvements*. ASU 2018-09 notes a plan should evaluate whether a readily determinable fair value exists. The guidance is effective for fiscal years beginning after December 15, 2019. The adoption of this ASU had no effect on the Plan for the years ended December 31, 2021 and 2020.

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820), Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 was issued as part of a disclosure framework project to improve the effectiveness of disclosure requirements from Topic 820. ASU 2018-13 is effective for all entities for fiscal years beginning after December 15, 2019. The adoption of this ASU had no effect on the Plan for the years ended December 31, 2021 and 2020.

In July 2019, the American Institute of Certified Public Accountants (AICPA) issued Statement on Auditing Standards (SAS) No. 136, *Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans Subject to ERISA*. This auditing standard is effective for periods ending on or after December 15, 2021. These standards were implemented for the Plan year ended December 31, 2021.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Mutual of America Life Insurance Company, an insurance company holding and administering Plan investments.

	<u>2021</u>	<u>2020</u>
Investments at fair value included in the general and pooled separate accounts:		
Money market funds - pooled separate accounts	\$ 41,559	\$ 34,353
Equity mutual funds - pooled separate accounts	4,305,056	3,550,915
Fixed income mutual funds - pooled separate accounts	31,616	31,527
General account - interest accumulation fund	<u>933,241</u>	<u>1,024,607</u>
	<u>\$5,311,472</u>	<u>\$4,641,402</u>

The net investment income of the Plan for the year ended December 31, 2021 is as follows:

	<u>2021</u>
Net appreciation in fair value of investments	\$708,101
Interest credited to general account	<u>9,614</u>
	<u>\$717,715</u>

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Insurance company general account: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The insurance company general account consists of the guaranteed interest account in the table below.

Pooled separate accounts: The values of the pooled separate accounts are based on the fair values of the underlying investments. Net asset value is used as a practical expedient to estimate fair value. The total amount of the pooled separate accounts is included in the table below as investments measured at net asset value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020.

Assets at fair value as of December 31, 2021				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed interest account	\$ -	\$ 933,241	\$ -	\$ 933,241
Total assets in the fair value hierarchy	-	933,241	-	933,241
Investments measured at net asset value ^(a)	-	-	-	4,378,231
Investments at fair value	\$ -	\$ 933,241	\$ -	\$5,311,472

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

Fair value measurements, continued

Assets at fair value as of December 31, 2020				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed interest account	\$ -	\$1,024,607	\$ -	\$1,024,607
Total assets in the fair value hierarchy	-	1,024,607	-	1,024,607
Investments measured at net asset value ^(a)	-	-	-	3,616,795
Investments at fair value	\$ -	\$1,024,607	\$ -	\$4,641,402

^(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2021</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$4,378,231	\$ -	Daily	1 Day

<u>December 31, 2020</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$3,616,795	\$ -	Daily	1 Day

NOTE 5 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Mutual of America Life Insurance Company. As described in Note 1, under Notes receivable from participants, Mutual of America provides plan loans to participants, which are secured by contracts and custodial accounts issued by this provider. Mutual of America is the trustee and recordkeeper for the Plan.

Fees incurred by the Plan for investment management services are paid by the plan sponsor.

The plan sponsor pays directly any other fees related to the Plan's operations.

Notes receivable from participants totaled \$17,482 and \$22,090 at December 31, 2021 and 2020, respectively and interest income on notes receivable from participants totaled \$833 for the year ended December 31, 2021.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 7 - TAX STATUS

Management believes the Plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC).

Effective March 31, 2020, Plan management has adopted Mutual of America's prototype plan, which has been approved by the Internal Revenue Service under their determination letter dated March 31, 2017. All terms of the Plan remain the same as under the Plan's previous plan document, which Mutual of America had not applied for and received a plan determination letter for.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – PLAN AMENDMENTS

The following Plan changes have been adopted by the Plan. The plan sponsors will execute amendments to the Plan on or before the required due dates for each respective amendment:

In connection with the Setting Every Community Up for Retirement Enhancement (SECURE) Act, which was signed into law on December 20, 2019, the age for required minimum distributions for certain plan participants has been changed to 72 from 70½.

The Plan's administrators have adopted the provisions pertaining to Coronavirus-related distributions and loans which were enacted into law under the Coronavirus Aid, Relief, and Economic Security Act, (CARES Act) in response to the outbreak of the novel Coronavirus pandemic. These Plan changes are permitted as operational relief items for impacted plan participants, as defined by the Act. The changes to the Plan under the CARES Act include the following:

Coronavirus-related distributions

- Impacted individuals may receive up to \$100,000 of distributions through December 31, 2020 with no 10% penalty tax for early withdrawal imposed.
- The above participants' withdrawal(s) will be included in their taxable income over a three year period.
- Repayment of the withdrawal amount(s) will be permitted if repayment occurs within three years of the distribution.

Coronavirus-related loans

- Impacted participants may borrow up to the lesser of \$100,000 or 100% of their account balance.
- Loan payments which were due through December 31, 2020 were allowed to be delayed for one year. Loans will be subsequently adjusted for the accrued interest and revised loan term.

Required minimum distributions

- Rules for required minimum distributions were waived for the calendar year 2020.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

Plan amendments, continued

During the 2019 Plan year, the Plan's management had also adopted changes to the Plan to comply with then recent enacted laws. The main provisions of these changes affecting the Plan include the following:

Bipartisan Budget Act of 2018

- Allow hardship withdrawals from more sources of funds in the participants' accounts.
- Removal of the requirement to take a Plan loan before a hardship withdrawal.
- Removal of the six-month required suspension of participant contributions after taking a hardship withdrawal.

Tax Cuts and Jobs Act

- Provide additional time for an individual to rollover a qualified Plan loan offset into the Plan.

In prior years, the plan administrator has amended the Plan to comply with various IRS regulations such as the Final IRC 415 Regulations, the Pension Protection Act of 2006 and the Final IRC 403(b) Regulations and amendments to comply with the HEART Act, WRERA and other IRS guidance.

NOTE 9 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

Investments of the Plan are held under an unallocated group annuity contract with Mutual of America Life Insurance Company.

Mutual of America invests the contributions in the group annuity contract in the general account, which is the fixed income portion, and pooled separate accounts, which are the variable portion in which participants may direct their contributions within various funds. The contract is included in the financial statements at fair value. The contract is included in the financial statements at fair value because management believes that it is not fully benefit-responsive. Guarantees are supported by the general account of Mutual of America Life Insurance Company. The minimum guaranteed credit rate is determined in accordance with the National Association of Insurance Commissioners (NAIC). The minimum guaranteed credited interest rate will not be less than 1% or more than 3%. At the beginning of each calendar year, Mutual of America determines the crediting interest rate by using NAIC's minimum rate formula.

For the years ended December 31, 2021 and 2020, the effective annual interest rate of the general account was guaranteed under contract at a minimum credited interest rate of 1.00%.

NOTE 10 – RISKS AND UNCERTAINTIES

Investments

The Plan, through the general account and separate accounts of the group annuity contract, invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Change in market conditions

The continuing outbreak of the novel Coronavirus and resulting pandemic has adversely impacted global commercial activity and contributed to significant volatility in financial markets. The Plan is invested in money market funds, equity mutual funds, fixed income mutual funds and insurance company general account - interest accumulation fund, which all have been subject to substantial volatility. Depending on the severity and length of the outbreak, the novel Coronavirus could present material uncertainty and risk with respect to the Plan, the market, its performance and its financial results. Because the values of the Plan's investments have and will fluctuate in response to changing market conditions, the amount of losses that may be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 11 – REPORTING OF POOLED SEPARATE ACCOUNTS ON FORM 5500

The Plan's Pooled Separate Accounts (PSAs), which are held within the Plan's group annuity contract do not file their own Form 5500 as a Direct Filing Entity (DFE). Accordingly, under IRS requirements, their assets are not reported as an interest in a pooled separate account on Schedule H of the Plan's Form 5500 and instead are reported as interest in registered investment companies. The PSAs are further described as an asset of the Plan's group annuity contract on the schedule of assets that is required to be attached to the Plan's Form 5500 filing.

NOTE 12 – SUBSEQUENT EVENTS

Since December 31, 2021, the general markets have decreased more than 10%. Because the values of the Plan's investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

Evaluation of subsequent events

The Plan has evaluated events and transactions for potential recognition or disclosure through October 14, 2022, which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.
EIN: 06-0915531

Schedule H, line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) <u>Identity of Issue, Borrower, Lessor or Similar Party</u>	(c) <u>Description of Investment Including maturity date, rate of interest, collateral, par or maturity value</u>	(d) <u>Cost**</u>	(e) <u>Current Value</u>
* Mutual of America Life Insurance Company		General Account - Interest Accumulation Fund	**	\$933,241
* Mutual of America Aggressive Allocation		Pooled Separate Account	**	7,011
* Mutual of America Moderate Allocation		Pooled Separate Account	**	26,388
* Mutual of America Bond Fund		Pooled Separate Account	**	30,055
* T. Rowe Price Blue Chip Growth Fund		Pooled Separate Account	**	64,404
* Mutual of America Composite Fund		Pooled Separate Account	**	17,371
* Calvert VP SRI Balanced Portfolio		Pooled Separate Account	**	15,450
* Mutual of America Equity Index Fund		Pooled Separate Account	**	287,504
* Fidelity Investments VIP Mid Cap		Pooled Separate Account	**	15,372
* Fidelity Investments VIP Asset Manager		Pooled Separate Account	**	4
* Fidelity Investments VIP Contrafund		Pooled Separate Account	**	579,203
* Fidelity Investments VIP Equity - Income		Pooled Separate Account	**	224,999
* Goldman Sachs VIT US Equity Insights		Pooled Separate Account	**	147
* American Funds IS New World Fund		Pooled Separate Account	**	343
* Mutual of America Money Market Fund		Pooled Separate Account	**	41,559
* Mutual of America Mid-Term Bond Fund		Pooled Separate Account	**	1,561
* Mutual of America Mid Cap Equity Index		Pooled Separate Account	**	508,354
* Mutual of America Mid Cap Value Fund		Pooled Separate Account	**	27,840
* Mutual of America International Fund		Pooled Separate Account	**	1,133
* Oppenheimer Main Street VA		Pooled Separate Account	**	7,796
* Mutual of America Retirement Income Fund		Pooled Separate Account	**	134,718
* Vanguard VIF REIT Index Portfolio		Pooled Separate Account	**	1,169
* PIMCO VIT Real Return Portfolio		Pooled Separate Account	**	397
* Victory RS Small Cap Growth Equity VIP		Pooled Separate Account	**	350
* Mutual of America 2015 Retirement Fund		Pooled Separate Account	**	6,203
* Mutual of America 2020 Retirement Fund		Pooled Separate Account	**	94,939
* Mutual of America 2025 Retirement Fund		Pooled Separate Account	**	393,173
* Mutual of America 2030 Retirement Fund		Pooled Separate Account	**	191,209
* Mutual of America 2035 Retirement Fund		Pooled Separate Account	**	174,545
* Mutual of America 2040 Retirement Fund		Pooled Separate Account	**	214,355
* Mutual of America 2045 Retirement Fund		Pooled Separate Account	**	263,687
* Mutual of America 2050 Retirement Fund		Pooled Separate Account	**	175,359
* Mutual of America 2055 Retirement Fund		Pooled Separate Account	**	73,108
* Mutual of America 2060 Retirement Fund		Pooled Separate Account	**	34,394
* Mutual of America All America Fund		Pooled Separate Account	**	171,121
* Mutual of America Small Cap Equity Index Fund		Pooled Separate Account	**	6,844
* Deutsche Capital Growth VIP		Pooled Separate Account	**	66,425
* Mutual of America Small Cap Growth Fund		Pooled Separate Account	**	173,095
* Mutual of America Small Cap Value Fund		Pooled Separate Account	**	152,273
* American Century VP Capital Appreciation		Pooled Separate Account	**	61,012
* Vanguard VIF Diversified Value Portfolio		Pooled Separate Account	**	69,890
* Vanguard VIF International Portfolio		Pooled Separate Account	**	54,437
* Vanguard Total Bond Mkt 1 Prt		Pooled Separate Account	**	9,034
				<u>\$ 5,311,472</u>

* Party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

403(b) THRIFT PLAN OF AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT, INC.**EIN: 06-0915531****PLAN #: 001****Schedule H, line 4(a) - Schedule of Delinquent Contributions****For the year ended December 31, 2021**

Participant Contributions Transferred Late to Plan				Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE <u>2002-51</u>
<u>Amount Withheld</u>	<u>Date Withheld</u>	<u>Date Remitted</u>	Check Here if Late Participant Loan Repayments are <u>Included</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>	
<u>\$29,793</u>	01/09/20	01/16/20		<u>\$ -</u>	<u>\$29,793</u>	<u>\$ -</u>	<u>\$ -</u>