

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>07/01/2021</u> and ending <u>06/30/2022</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 BERKSHIRE COUNTY ARC, 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>07/01/1995</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1995</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1995</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>BERKSHIRE COUNTY ARC, INC.</u> <u>PO BOX 2</u> <u>PITTSFIELD, MA 01202-0002</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-2218928</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>413-499-4241</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>813000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-2218928</u>	2c Plan Sponsor's telephone number <u>413-499-4241</u>	2d Business code (see instructions) <u>813000</u>	
2b Employer Identification Number (EIN) <u>04-2218928</u>					
2c Plan Sponsor's telephone number <u>413-499-4241</u>					
2d Business code (see instructions) <u>813000</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.	02/24/2023	KRISTI NASTARS
	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.

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	1270
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1218
a(2) Total number of active participants at the end of the plan year		6a(2)	1357
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	63
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1420
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	6
f Total. Add lines 6d and 6e		6f	1426
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1053
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	29
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 2T 3D 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 07/01/2021 and ending 06/30/2022	
A Name of plan 403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BERKSHIRE COUNTY ARC, INC.	D Employer Identification Number (EIN) 04-2218928

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	020027J	1426	07/01/2021	06/30/2022

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	4315

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	4315	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	8251093
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	5518388

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	6599628
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c	Additions: (1) Contributions deposited during the year	7c(1)	1954220	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	43522	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	1997742
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	8597370
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	285271	
	(2) Administration charge made by carrier.....	7e(2)	7219	
	(3) Transferred to separate account.....	7e(3)	53787	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	346277
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	8251093
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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 07/01/2021 and ending 06/30/2022		
A Name of plan 403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BERKSHIRE COUNTY ARC, INC.	D Employer Identification Number (EIN) 04-2218928	

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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(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

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 65	INSURANCE CARRIER	7896	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 ☐

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
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(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:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

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

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

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
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan 403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BERKSHIRE COUNTY ARC, INC.	D Employer Identification Number (EIN) 04-2218928	

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)	289270	324082
(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)	6005430	5518389
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6270956	7884915
(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	12565656 13727386
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	12565656 13727386

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)	1950000
	(B) Participants	2a(1)(B)	507140
	(C) Others (including rollovers).....	2a(1)(C)	0
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2457140
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)	43522
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	43522
(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)		-959241
(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		33
d Total income. Add all income amounts in column (b) and enter total.....	2d		1541454
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	366225	
(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)		366225
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		5651
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)	7848	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		7848
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		379724
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1161730
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: LOMBARDI, CLAIRMONT & KEEGAN

(2) EIN: 04-2511474

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 07/01/2021 and ending 06/30/2022

A Name of plan <u>403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BERKSHIRE COUNTY ARC, INC.</u>	D Employer Identification Number (EIN) <u>04-2218928</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>13-3590259</u>		
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	<u>0</u>

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

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

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

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 BERKSHIRE COUNTY ARC, INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	June 30,	
	2022	2021
ASSETS		
Investments, at fair value	\$ 5,518,389	\$ 6,005,430
Cash and cash equivalents	7,884,915	6,270,956
Receivables:		
Employer contribution	850,000	950,000
Employee contributions	21,518	17,684
Participant notes	<u>366,178</u>	<u>328,672</u>
TOTAL ASSETS	<u>14,641,000</u>	<u>13,572,742</u>
LIABILITIES		
Total liabilities	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 14,641,000</u></u>	<u><u>\$ 13,572,742</u></u>

See auditors' report and accompanying notes.

403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended June 30,	
	2022	2021
ADDITIONS		
Investment income (loss)		
Interest and dividends	\$ 32,965	\$ 50,718
Net appreciation (depreciation) in fair value of investments	<u>(959,241)</u>	<u>1,555,903</u>
Total investment income (loss)	<u>(926,276)</u>	<u>1,606,621</u>
Contributions		
Employer	1,850,000	950,000
Participants	510,974	426,062
Rollovers	<u>-</u>	<u>27,777</u>
Total contributions	<u>2,360,974</u>	<u>1,403,839</u>
Interest income on participant notes	10,557	13,241
Other income	<u>33</u>	<u>-</u>
TOTAL ADDITIONS	<u>1,445,288</u>	<u>3,023,701</u>
DEDUCTIONS		
Benefits paid directly to participants	369,182	995,307
Investment fees	<u>7,848</u>	<u>8,010</u>
TOTAL DEDUCTIONS	<u>377,030</u>	<u>1,003,317</u>
NET INCREASE	1,068,258	2,020,384
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>13,572,742</u>	<u>11,552,358</u>
End of year	<u><u>\$ 14,641,000</u></u>	<u><u>\$ 13,572,742</u></u>

See auditors' report and accompanying notes.

403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2022 AND 2021

Note 1 - Description of Plan

The following description of the 403(b) Thrift Plan of Berkshire County Arc, Inc. (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established effective July 1, 1995 and covers virtually all employees of Berkshire County Arc, Inc. (the "Agency") except non-resident aliens with no U.S. source income. All employees, except non-resident aliens with no U.S. source income and those who are classified or treated as independent contractors, who have reached the age of twenty-one and complete a year of service with the Agency share in any Agency contribution to the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may elect to defer up to one hundred percent (100%) of their compensation subject to Internal Revenue Code limitations. All contributions are invested as the participant directs.

The Agency may make a discretionary contribution to the Plan. All Agency contributions are also invested as the participant directs.

Participant Accounts

Each participant's account is credited with the participant's contribution, any Agency contribution and plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Investment Options

Upon enrollment in the Plan, participants may direct the investment of their contributions into various investment contracts and annuity options offered by the Plan.

Vesting

Participants are immediately vested in their deferred contributions plus actual earnings thereon. Vesting in the Agency's contribution is based on the following schedule:

Years of Service	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Participant Loans

Participants may borrow from the Plan subject to certain limitations. Loan transactions are treated as a transfer to (from) the investment fund and from (to) the participant's loan account. Participants may borrow from their accounts up to a maximum equal to fifty percent (50%) of their vested account balance. Principal and interest is paid ratably through payroll deductions. Interest rates on outstanding loans at June 30, 2022 and 2021 was 3.25% and 4.0%, respectively. There were \$366,178 and \$328,672 in outstanding loans as of June 30, 2022 and 2021, respectively.

403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2022 AND 2021

Note 2 - Summaries of Significant Accounting Policies

Basis of Accounting

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

Cash and Cash Equivalents

The Plan considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. The Plan has a general account with Mutual of America which is classified as a cash equivalent since the account is completely liquid, the interest rate is not dependent upon the length of time the assets are in the account, withdrawals can be made at any time and there are no charges or fees that would affect the value as a result of a withdrawal request. These balances are not insured by the U.S. Federal Deposit Insurance Corporation (FDIC).

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balances plus any accrued but unpaid interest thereon. Delinquent participant loans are reclassified as distributions based on the terms of the Plan. Interest income on notes receivable from participants is recorded on the accrual basis.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. In accordance with the policy of stating investments at fair value, net appreciation or depreciation for the year is reflected in the statement of changes in net assets available for benefits. The net appreciation (depreciation) in the fair value of its investments consists of realized gains or losses and unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are recorded on a trade-date basis. Interest and other investment income are recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date.

Risks and Uncertainties

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

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America and DOL rules and regulations for reporting and disclosure under ERISA require the plan administrator to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Accordingly, actual results could differ from those estimates.

Administrative Expenses

The Agency absorbs substantially all administrative costs related to the operation of the Plan.

Payment of Benefits and Withdrawals

Upon termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or installments over an agreed upon period of time. Benefits are recorded when paid.

403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2022 AND 2021

Note 2 - (continued)

Forfeitures

Forfeitures which have become available are used to reduce the employer contribution to the Plan or to pay for operating expenses of the Plan. There were \$45,081 and \$39,496 of forfeitures that were used to reduce the employer contribution for the years ended June 30, 2022 and 2021, respectively.

Note 3 - **Fair Value Measurements**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides a definition of fair value. That framework 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 and liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 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. The Plan has no Level 1 investments.

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. The Plan has investments in pooled separate accounts which are Level 2 investments.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The Plan has no Level 3 assets or liabilities.

The fair value of the pooled separate accounts is determined based on the underlying mutual funds quoted net asset values of the shares as reported by the fund. The underlying mutual funds are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds must publish their daily net asset value and transact at that price.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2022 and 2021:

	Fair Value	Level 2
June 30, 2022		
Pooled separate accounts	\$ 5,518,389	\$ 5,518,389
June 30, 2021		
Pooled separate accounts	\$ 6,005,430	\$ 6,005,430

Note 4 - **Information Certified by the Custodian**

The following unaudited information regarding the Plan as of and for the years ended June 30, 2022 and 2021, respectively, was prepared by, or derived from the information prepared by Mutual of America, the trustee of the Plan, and furnished to the Plan Administrator.

403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2022 AND 2021

Note 4 - continued

The Plan Administrator has obtained a certification from the trustee that such information is complete and accurate. Additionally, the trustee certified that the acquisition, disposals, benefits payments, plan expenses, etc. are complete and accurate.

	June 30, 2022	2021
Pooled separate accounts, at fair value	\$ 5,518,389	\$ 6,005,430
Notes receivable from participants	366,178	328,672
Cash and cash equivalents	<u>7,884,915</u>	<u>6,270,956</u>
Total	<u>\$ 13,769,482</u>	<u>\$ 12,605,058</u>

	Year ended June 30, 2022	2021
Interest and dividends -- investments	\$ 32,965	\$ 50,718
Net appreciation (depreciation)	\$ (959,241)	\$ 1,555,903
Interest income on participant notes	\$ 10,557	\$ 13,241

Note 5 - Party-in-interest and Related Party Transactions

Plan investments are shares of mutual funds managed by Mutual of America. Mutual of America serves as the custodian and, therefore, these transactions qualify as party-in-interest transactions. There was \$7,848 and \$8,010 in investment fees paid by the plan for the years ended June 30, 2022 and 2021, respectively.

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Agency has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Note 7 - Tax Status

The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service in Revenue Procedure 2007-71. The Plan administrator intends to apply for a determination letter on the Plan when the government opens such program. The Plan is required to operate in conformity with the Code to maintain its tax exemption. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

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

Note 8 - Reconciliation of Financial Statements to Form 5500

The accompanying financial statements are prepared on the accrual basis of accounting while the Form 5500 is prepared on the cash basis of accounting.

403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2022 AND 2021

Note 8 - continued

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2022	June 30, 2021
Net assets available for benefits per the financial statements	\$ 14,641,000	\$ 13,572,742
Employer contribution receivable	(850,000)	(950,000)
Employee contributions receivable	(21,518)	(17,684)
Deemed distributions of participant loans	<u>(42,096)</u>	<u>(39,402)</u>
Net assets available for benefits per the Form 5500	<u>\$ 13,727,386</u>	<u>\$ 12,565,656</u>

The following is a reconciliation of contribution income per the financial statements to the Form 5500 for the years ended June 30:

	2022	2021
Contributions per the financial statements	\$ 2,360,974	\$ 1,403,839
Less: Employer contribution due from the Agency at current year end	(850,000)	(950,000)
Less: Employee contributions due from the Agency at current year end	(21,518)	(17,684)
Add: Employee contributions due from the Agency at prior year end	17,684	18,618
Add: Employer contribution due from the Agency at prior year end	<u>950,000</u>	<u>450,000</u>
Contributions per the Form 5500	<u>\$ 2,457,140</u>	<u>\$ 904,773</u>

The following is a reconciliation of total deductions per the financial statements to the Form 5500 for the years ended June 30:

	2022	2021
Total deductions per the financial statements	\$ 377,030	\$ 1,003,317
Plus: Deemed distributions of participant loans	5,651	7,174
Less: Prior deemed distributions of participant loans distributed in current year	<u>(2,957)</u>	<u>(4,014)</u>
Total deductions per the Form 5500	<u>\$ 379,724</u>	<u>\$ 1,006,477</u>

Note 9 - Management's Review

The Plan has evaluated subsequent events through January 18, 2023, the date on which the financial statements were available to be issued.

403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2022
ID #04-2218928
PLAN #001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Cash Equivalent				
	Mutual of America General Account		**	\$ 7,884,915
Mutual Funds				
*	Mutual of America Aggressive Allocation	Mutual Fund	**	46,043
*	Mutual of America Conservative Allocation	Mutual Fund	**	42,679
*	Mutual of America Moderate Allocation	Mutual Fund	**	177,804
*	Mutual of Ameerica Bond Fund	Mutual Fund	**	193,153
*	T. Rowe Price Blue Chip Growth	Mutual Fund	**	152,304
*	Mutual of America Composite Fund	Mutual Fund	**	65,025
*	Calvert VP SRI Balanced Portfolio	Mutual Fund	**	11,100
*	Delaware VIP Small Cap Value Series	Mutual Fund	**	7
*	Mutual of America Equity Index	Mutual Fund	**	479,172
*	Fidelity VIP Mid Cap	Mutual Fund	**	85,871
*	Fidelity VIP Asset Manager	Mutual Fund	**	118,441
*	Fidelity VIP Contrafund	Mutual Fund	**	455,843
*	Fidelity VIP Equity Income	Mutual Fund	**	352,083
*	American Funds IS New World Fund	Mutual Fund	**	3,460
*	Mutual of America Money Market	Mutual Fund	**	40,745
*	Mutual of America Mid-Term Bond	Mutual Fund	**	173,358
*	Mutual of America Mid-Cap Equity	Mutual Fund	**	171,240
*	Mutual of America Mid Cap Value	Mutual Fund	**	6,086
*	Neuberger Berman AMT Sustainable Equity	Mutual Fund	**	2,472
*	Mutual of America International Fund	Mutual Fund	**	8,934
*	Invesco Oppenheimer VI Main Street	Mutual Fund	**	3,648
*	Mutual of America Retirement Income	Mutual Fund	**	91,539
*	Vanguard VIF Real Estate Index	Mutual Fund	**	9,168
*	PIMCO VIT Real Return Portfolio	Mutual Fund	**	7
*	Victory RS Small Cap Growth	Mutual Fund	**	15
*	Mutual of America 2015 Retirement	Mutual Fund	**	581
*	Mutual of America 2020 Retirement	Mutual Fund	**	49,044
*	Mutual of America 2025 Retirement	Mutual Fund	**	145,723
*	Mutual of America 2030 Retirement	Mutual Fund	**	659,228
*	Mutual of America 2035 Retirement	Mutual Fund	**	332,328
*	Mutual of America 2040 Retirement	Mutual Fund	**	96,696
*	Mutual of America 2045 Retirement	Mutual Fund	**	147,092
*	Mutual of America 2050 Retirement	Mutual Fund	**	49,437
*	Mutual of America 2055 Retirement	Mutual Fund	**	52,887
*	Mutual of America 2060 Retirement	Mutual Fund	**	6,155
*	Mutual of America 2065 Retirement	Mutual Fund	**	18
*	Mutual of America All America Fund	Mutual Fund	**	180,683
*	Mutual of America Small Cap Equity Index	Mutual Fund	**	2,747
*	DWS Capital Growth VIP	Mutual Fund	**	178,113
*	Mutual of America Small Cap Growth	Mutual Fund	**	193,175
*	Mutual of America Small Cap Value	Mutual Fund	**	155,173
*	American Century VP Capital Appreciation	Mutual Fund	**	132,710
*	Vanguard VIF Diversified Value	Mutual Fund	**	287,711
*	Vanguard VIF International	Mutual Fund	**	150,935
*	Vanguard Total Bond Market I Portfolio	Mutual Fund	**	7,756
Total Mutual Funds				5,518,389
Participant notes receivable		3.25%	-	324,082
TOTAL INVESTMENTS				\$ 13,727,386

* - party-in-interest as defined in the Department of Labor Regulations

** - cost information omitted with respect to participant directed plans as defined in the Department of Labor Regulations

See auditors' report.

403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2021

ID #04-2218928

PLAN #001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Cash Equivalent				
	Mutual of America General Account		**	\$ 6,270,956
Mutual Funds				
*	Mutual of America Aggressive Allocation	Mutual Fund	**	46,835
*	Mutual of America Conservative Allocation	Mutual Fund	**	45,583
*	Mutual of America Moderate Allocation	Mutual Fund	**	183,583
*	Mutual of Ameerica Bond Fund	Mutual Fund	**	202,168
*	T. Rowe Price Blue Chip Growth	Mutual Fund	**	204,064
*	Mutual of America Composite Fund	Mutual Fund	**	55,952
*	Calvert VP SRI Balanced Portfolio	Mutual Fund	**	12,482
*	Mutual of America Equity Index	Mutual Fund	**	534,061
*	Fidelity VIP Mid Cap	Mutual Fund	**	93,661
*	Fidelity VIP Asset Manager	Mutual Fund	**	140,858
*	Fidelity VIP Contrafund	Mutual Fund	**	536,544
*	Fidelity VIP Equity Income	Mutual Fund	**	359,065
*	American Funds IS New World Fund	Mutual Fund	**	3,453
*	Mutual of America Money Market	Mutual Fund	**	46,561
*	Mutual of America Mid-Term Bond	Mutual Fund	**	184,398
*	Mutual of America Mid-Cap Equity	Mutual Fund	**	191,001
*	Mutual of America Mid Cap Value	Mutual Fund	**	7,499
*	Neuberger Berman AMT Sustainable Equity	Mutual Fund	**	2,886
*	Mutual of America International Fund	Mutual Fund	**	10,392
*	Invesco Oppenheimer VI Main Street	Mutual Fund	**	4,266
*	Mutual of America Retirement Income	Mutual Fund	**	87,844
*	Vanguard VIF Real Estate Index	Mutual Fund	**	5,017
*	Victory RS Small Cap Growth	Mutual Fund	**	19
*	Mutual of America 2015 Retirement	Mutual Fund	**	801
*	Mutual of America 2020 Retirement	Mutual Fund	**	57,794
*	Mutual of America 2025 Retirement	Mutual Fund	**	166,810
*	Mutual of America 2030 Retirement	Mutual Fund	**	669,951
*	Mutual of America 2035 Retirement	Mutual Fund	**	223,862
*	Mutual of America 2040 Retirement	Mutual Fund	**	82,397
*	Mutual of America 2045 Retirement	Mutual Fund	**	142,163
*	Mutual of America 2050 Retirement	Mutual Fund	**	47,579
*	Mutual of America 2055 Retirement	Mutual Fund	**	38,590
*	Mutual of America 2060 Retirement	Mutual Fund	**	38
*	Mutual of America 2065 Retirement	Mutual Fund	**	21
*	Mutual of America All America Fund	Mutual Fund	**	196,343
*	Mutual of America Small Cap Equity Index	Mutual Fund	**	1,015
*	DWS Capital Growth VIP	Mutual Fund	**	220,634
*	Mutual of America Small Cap Growth	Mutual Fund	**	281,637
*	Mutual of America Small Cap Value	Mutual Fund	**	175,693
*	American Century VP Capital Appreciation	Mutual Fund	**	203,363
*	Vanguard VIF Diversified Value	Mutual Fund	**	308,937
*	Vanguard VIF International	Mutual Fund	**	224,456
*	Vanguard Total Bond Market I Portfolio	Mutual Fund	**	5,154
Total Mutual Funds				6,005,430
Participant notes receivable				289,270
TOTAL INVESTMENTS				\$ 12,565,656

* - party-in-interest as defined in the Department of Labor Regulations

** - cost information omitted with respect to participant directed plans as defined in the Department of Labor Regulations

See auditors' report.

Attachment to July 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF
Plan Sponsor's Name BERKSHIRE COUNTY ARC, INC.

EIN: 04-2218928
PN: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT GENERAL ACCOUNT		7,884,915
*	Mutual of America	GROUP ANNUITY CONTRACT Aggressive Allocation Fund		46,043
*	Mutual of America	GROUP ANNUITY CONTRACT Conservative Allocation Fund		42,679
*	Mutual of America	GROUP ANNUITY CONTRACT Moderate Allocation Fund		177,804
*	Mutual of America	GROUP ANNUITY CONTRACT Bond Fund		193,153
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth		152,304
*	Mutual of America	GROUP ANNUITY CONTRACT Composite Fund		65,025
*	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Port.		11,100
*	Mutual of America	GROUP ANNUITY CONTRACT Delaware VIP Small Cap Value S		7
*	Mutual of America	GROUP ANNUITY CONTRACT Equity Index Fund		479,173
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid-Cap		85,871
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager		118,441
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund		455,843
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity Income		352,083
*	Mutual of America	GROUP ANNUITY CONTRACT American Funds IS New World		3,460
*	Mutual of America	GROUP ANNUITY CONTRACT Money Market Fund		40,745
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Term Bond Fund		173,358
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Cap Equity Index Fund		171,240
*	Mutual of America	GROUP ANNUITY CONTRACT Mid Cap Value Fund		6,086

Attachment to July 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF

EIN: 04-2218928

Plan Sponsor's Name BERKSHIRE COUNTY ARC, INC.

PN: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sust Eq		2,472
*	Mutual of America	GROUP ANNUITY CONTRACT International Fund		8,935
*	Mutual of America	GROUP ANNUITY CONTRACT Invesco VI Main St		3,648
*	Mutual of America	GROUP ANNUITY CONTRACT Retirement Income Fund		91,540
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index		9,168
*	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Port.		7
*	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth		15
*	Mutual of America	GROUP ANNUITY CONTRACT 2015 Retirement Fund		581
*	Mutual of America	GROUP ANNUITY CONTRACT 2020 Retirement Fund		49,044
*	Mutual of America	GROUP ANNUITY CONTRACT 2025 Retirement Fund		145,723
*	Mutual of America	GROUP ANNUITY CONTRACT 2030 Retirement Fund		659,228
*	Mutual of America	GROUP ANNUITY CONTRACT 2035 Retirement Fund		332,329
*	Mutual of America	GROUP ANNUITY CONTRACT 2040 Retirement Fund		96,696
*	Mutual of America	GROUP ANNUITY CONTRACT 2045 Retirement Fund		147,092
*	Mutual of America	GROUP ANNUITY CONTRACT 2050 Retirement Fund		49,437
*	Mutual of America	GROUP ANNUITY CONTRACT 2055 Retirement Fund		52,887
*	Mutual of America	GROUP ANNUITY CONTRACT 2060 Retirement Fund		6,155
*	Mutual of America	GROUP ANNUITY CONTRACT 2065 Retirement Fund		18
*	Mutual of America	GROUP ANNUITY CONTRACT All America Fund		180,683

Attachment to July 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF
Plan Sponsor's Name BERKSHIRE COUNTY ARC, INC.

EIN: 04-2218928
PN: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Equity Index Fund		2,747
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		178,113
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Growth Fund		193,175
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Value Fund		155,173
*	Mutual of America	GROUP ANNUITY CONTRACT American Century VP Cap Apprec		132,710
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value		287,711
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International		150,935
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard Total Bond Mkt I Prt		7,756
*	PARTICIPANT LOANS	Represents outstanding Participant Loan Balance		324,082

403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2022
ID #04-2218928
PLAN #001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Cash Equivalent				
	Mutual of America General Account		**	\$ 7,884,915
Mutual Funds				
*	Mutual of America Aggressive Allocation	Mutual Fund	**	46,043
*	Mutual of America Conservative Allocation	Mutual Fund	**	42,679
*	Mutual of America Moderate Allocation	Mutual Fund	**	177,804
*	Mutual of Ameerica Bond Fund	Mutual Fund	**	193,153
*	T. Rowe Price Blue Chip Growth	Mutual Fund	**	152,304
*	Mutual of America Composite Fund	Mutual Fund	**	65,025
*	Calvert VP SRI Balanced Portfolio	Mutual Fund	**	11,100
*	Delaware VIP Small Cap Value Series	Mutual Fund	**	7
*	Mutual of America Equity Index	Mutual Fund	**	479,172
*	Fidelity VIP Mid Cap	Mutual Fund	**	85,871
*	Fidelity VIP Asset Manager	Mutual Fund	**	118,441
*	Fidelity VIP Contrafund	Mutual Fund	**	455,843
*	Fidelity VIP Equity Income	Mutual Fund	**	352,083
*	American Funds IS New World Fund	Mutual Fund	**	3,460
*	Mutual of America Money Market	Mutual Fund	**	40,745
*	Mutual of America Mid-Term Bond	Mutual Fund	**	173,358
*	Mutual of America Mid-Cap Equity	Mutual Fund	**	171,240
*	Mutual of America Mid Cap Value	Mutual Fund	**	6,086
*	Neuberger Berman AMT Sustainable Equity	Mutual Fund	**	2,472
*	Mutual of America International Fund	Mutual Fund	**	8,934
*	Invesco Oppenheimer VI Main Street	Mutual Fund	**	3,648
*	Mutual of America Retirement Income	Mutual Fund	**	91,539
*	Vanguard VIF Real Estate Index	Mutual Fund	**	9,168
*	PIMCO VIT Real Return Portfolio	Mutual Fund	**	7
*	Victory RS Small Cap Growth	Mutual Fund	**	15
*	Mutual of America 2015 Retirement	Mutual Fund	**	581
*	Mutual of America 2020 Retirement	Mutual Fund	**	49,044
*	Mutual of America 2025 Retirement	Mutual Fund	**	145,723
*	Mutual of America 2030 Retirement	Mutual Fund	**	659,228
*	Mutual of America 2035 Retirement	Mutual Fund	**	332,328
*	Mutual of America 2040 Retirement	Mutual Fund	**	96,696
*	Mutual of America 2045 Retirement	Mutual Fund	**	147,092
*	Mutual of America 2050 Retirement	Mutual Fund	**	49,437
*	Mutual of America 2055 Retirement	Mutual Fund	**	52,887
*	Mutual of America 2060 Retirement	Mutual Fund	**	6,155
*	Mutual of America 2065 Retirement	Mutual Fund	**	18
*	Mutual of America All America Fund	Mutual Fund	**	180,683
*	Mutual of America Small Cap Equity Index	Mutual Fund	**	2,747
*	DWS Capital Growth VIP	Mutual Fund	**	178,113
*	Mutual of America Small Cap Growth	Mutual Fund	**	193,175
*	Mutual of America Small Cap Value	Mutual Fund	**	155,173
*	American Century VP Capital Appreciation	Mutual Fund	**	132,710
*	Vanguard VIF Diversified Value	Mutual Fund	**	287,711
*	Vanguard VIF International	Mutual Fund	**	150,935
*	Vanguard Total Bond Market I Portfolio	Mutual Fund	**	7,756
Total Mutual Funds				5,518,389
Participant notes receivable		3.25%	-	324,082
TOTAL INVESTMENTS				\$ 13,727,386

* - party-in-interest as defined in the Department of Labor Regulations

** - cost information omitted with respect to participant directed plans as defined in the Department of Labor Regulations

See auditors' report.

403(B) THRIFT PLAN OF BERKSHIRE COUNTY ARC, INC.
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2021

ID #04-2218928

PLAN #001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Cash Equivalent				
	Mutual of America General Account		**	\$ 6,270,956
Mutual Funds				
*	Mutual of America Aggressive Allocation	Mutual Fund	**	46,835
*	Mutual of America Conservative Allocation	Mutual Fund	**	45,583
*	Mutual of America Moderate Allocation	Mutual Fund	**	183,583
*	Mutual of Ameerica Bond Fund	Mutual Fund	**	202,168
*	T. Rowe Price Blue Chip Growth	Mutual Fund	**	204,064
*	Mutual of America Composite Fund	Mutual Fund	**	55,952
*	Calvert VP SRI Balanced Portfolio	Mutual Fund	**	12,482
*	Mutual of America Equity Index	Mutual Fund	**	534,061
*	Fidelity VIP Mid Cap	Mutual Fund	**	93,661
*	Fidelity VIP Asset Manager	Mutual Fund	**	140,858
*	Fidelity VIP Contrafund	Mutual Fund	**	536,544
*	Fidelity VIP Equity Income	Mutual Fund	**	359,065
*	American Funds IS New World Fund	Mutual Fund	**	3,453
*	Mutual of America Money Market	Mutual Fund	**	46,561
*	Mutual of America Mid-Term Bond	Mutual Fund	**	184,398
*	Mutual of America Mid-Cap Equity	Mutual Fund	**	191,001
*	Mutual of America Mid Cap Value	Mutual Fund	**	7,499
*	Neuberger Berman AMT Sustainable Equity	Mutual Fund	**	2,886
*	Mutual of America International Fund	Mutual Fund	**	10,392
*	Invesco Oppenheimer VI Main Street	Mutual Fund	**	4,266
*	Mutual of America Retirement Income	Mutual Fund	**	87,844
*	Vanguard VIF Real Estate Index	Mutual Fund	**	5,017
*	Victory RS Small Cap Growth	Mutual Fund	**	19
*	Mutual of America 2015 Retirement	Mutual Fund	**	801
*	Mutual of America 2020 Retirement	Mutual Fund	**	57,794
*	Mutual of America 2025 Retirement	Mutual Fund	**	166,810
*	Mutual of America 2030 Retirement	Mutual Fund	**	669,951
*	Mutual of America 2035 Retirement	Mutual Fund	**	223,862
*	Mutual of America 2040 Retirement	Mutual Fund	**	82,397
*	Mutual of America 2045 Retirement	Mutual Fund	**	142,163
*	Mutual of America 2050 Retirement	Mutual Fund	**	47,579
*	Mutual of America 2055 Retirement	Mutual Fund	**	38,590
*	Mutual of America 2060 Retirement	Mutual Fund	**	38
*	Mutual of America 2065 Retirement	Mutual Fund	**	21
*	Mutual of America All America Fund	Mutual Fund	**	196,343
*	Mutual of America Small Cap Equity Index	Mutual Fund	**	1,015
*	DWS Capital Growth VIP	Mutual Fund	**	220,634
*	Mutual of America Small Cap Growth	Mutual Fund	**	281,637
*	Mutual of America Small Cap Value	Mutual Fund	**	175,693
*	American Century VP Capital Appreciation	Mutual Fund	**	203,363
*	Vanguard VIF Diversified Value	Mutual Fund	**	308,937
*	Vanguard VIF International	Mutual Fund	**	224,456
*	Vanguard Total Bond Market I Portfolio	Mutual Fund	**	5,154
Total Mutual Funds				6,005,430
Participant notes receivable				289,270
TOTAL INVESTMENTS				\$ 12,565,656

* - party-in-interest as defined in the Department of Labor Regulations

** - cost information omitted with respect to participant directed plans as defined in the Department of Labor Regulations

See auditors' report.