

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 FOR EMPLOYEES OF THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA</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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1988</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>25-1043578</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>412-261-6010</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>002</u>	1c Effective date of plan <u>01/01/1988</u>		2b Employer Identification Number (EIN) <u>25-1043578</u>		2c Plan Sponsor's telephone number <u>412-261-6010</u>		2d Business code (see instructions) <u>813000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>01/01/1988</u>											
2b Employer Identification Number (EIN) <u>25-1043578</u>											
2c Plan Sponsor's telephone number <u>412-261-6010</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>THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA</u> <u>PO BOX 735</u> <u>PITTSBURGH, PA 15230-0735</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.	04/17/2023	NATHAN WOLBERT
	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 THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA c Plan Name 403(B) THRIFT PLAN OF THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA		4b EIN 25-1043578 4d PN 002
5 Total number of participants at the beginning of the plan year		5 136
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) 76
a(2) Total number of active participants at the end of the plan year		6a(2) 84
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 147
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 147
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 145
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 4
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: 2G 2F 2L 2S 2T 3D		
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) ☒ 1 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 FOR EMPLOYEES OF THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	B Three-digit plan number (PN) 002	
C Plan sponsor's name as shown on line 2a of Form 5500 THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	D Employer Identification Number (EIN) 25-1043578	

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
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(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	051476G	147	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	767

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
PITTSBURGH REGIONAL OFFICE THREE GATEWAY CENTER 401 LIBERTY AV ENUE, SUITE 2378 PITTSBURGH, PA 15222-1011

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	767	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	596637
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	6329020

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	530919
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c	Additions: (1) Contributions deposited during the year	7c(1)	79512	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	3404	
	(4) Transferred from separate account.....	7c(4)	19298	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	102214
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	633133
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	36298	
	(2) Administration charge made by carrier.....	7e(2)	198	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	36496
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	596637
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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 FOR EMPLOYEES OF THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	D Employer Identification Number (EIN) 25-1043578

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	
DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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	0	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
(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.
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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 FOR EMPLOYEES OF THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA</u>	D Employer Identification Number (EIN) <u>25-1043578</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA2

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

c EIN-PN <u>13-1614399-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6329020</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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
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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 FOR EMPLOYEES OF THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	D Employer Identification Number (EIN) 25-1043578	

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

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)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	6807983	6329020
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	530919	596637
(15) Other.....	1c(15)	0	0

		(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	7338902	6925657

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	7338902	6925657
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	585394	
(B) Participants	2a(1)(B)	426316	
(C) Others (including rollovers).....	2a(1)(C)	250172	
(2) Noncash contributions.....	2a(2)	0	1261882
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other	2b(1)(F)	3403	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3403
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(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)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-1076896
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		188389
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	623777	
(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)		623777
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	539	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		539
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		624316
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-435927
l Transfers of assets:			
(1) To this plan.....	2l(1)		22682
(2) From this plan.....	2l(2)		0

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: **SISTERSON & CO. LLP**

(2) EIN: **25-1467156**

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		315967

	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 FOR EMPLOYEES OF THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA</u>	D Employer Identification Number (EIN) <u>25-1043578</u>

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	<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>13-1614399</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	

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
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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
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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.
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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 FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

Years ended June 30, 2022 (Audited) and 2021 (Compiled)

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403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
403(b) Thrift Plan for Employees of
The United Way of Southwestern Pennsylvania

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements

We have performed an audit of the financial statements of the 403(b) Thrift Plan for Employees of The United Way of Southwestern Pennsylvania ("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) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of assets available for benefits as of June 30, 2022, and the related statement of changes in assets available for benefits for the year ended June 30, 2022, and the related notes to the financial statements ("2022 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2022 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 ("DOL") 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from Mutual of America Life Insurance Company, a qualified institution, as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2022 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 2022 Financial Statements* section:

- The amounts and disclosures in the accompanying 2022 Financial Statements, 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 ("U.S. GAAP").

INDEPENDENT AUDITOR'S REPORT

(continued)

- The information in the accompanying 2022 Financial Statements 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 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2022 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 2022 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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 the Plan's ability to continue as a going concern within 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 2022 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 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 U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

INDEPENDENT AUDITOR'S REPORT

(continued)

In performing an audit in accordance with U.S. GAAS, we:

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

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 2022 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 U.S. GAAP.

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 U.S. GAAP.

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 Matters

2022 Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held at End of Year and Schedule of Delinquent Participant Contributions as of June 30, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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.

INDEPENDENT AUDITOR'S REPORT

(continued)

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 2022 Financial Statements or to the 2022 Financial Statements themselves, and other additional procedures in accordance with U.S. GAAS. 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 DOL'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 DOL'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).

Accountant's Compilation Report on 2021 Financial Statement

Plan management is responsible for the accompanying 2021 financial statement of the Plan, which comprises the statement of assets available for benefits as of June 30, 2021, in accordance with U.S. GAAP. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the 2021 financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by Plan management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statement of the Plan as of June 30, 2021.

Sisterson & Co. LLP

April 11, 2023

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS

	June 30,	
	2022 (Audited)	2021 (Compiled)
Investments		
Investments, at fair value (Note 5)	\$ 6,329,020	\$ 6,830,665
Investment, at contract value (Note 6)	<u>596,637</u>	<u>530,919</u>
Total investments	<u>6,925,657</u>	<u>7,361,584</u>
Contributions receivable		
Participant contributions	--	16,110
Employer contributions	<u>--</u>	<u>21,260</u>
Total contributions receivable	<u>--</u>	<u>37,370</u>
Assets available for benefits	<u><u>\$ 6,925,657</u></u>	<u><u>\$ 7,398,954</u></u>

The accompanying notes are an integral part of these financial statements.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

STATEMENT OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS

Year ended June 30, 2022

(Audited)

Additions to assets attributed to	
Investment income	
Net depreciation in fair value of investments	\$ (1,076,896)
Interest	3,403
Contributions	
Participants	410,206
Employer	564,134
Rollovers (Note 1)	<u>250,172</u>
Total additions	<u>151,019</u>
Deductions from assets attributed to	
Benefits paid to participants	623,777
Administrative expenses and fees	<u>539</u>
Total deductions	<u>624,316</u>
Net deductions to assets available for benefits	(473,297)
Assets available for benefits	
Beginning of year	<u>7,398,954</u>
End of year	<u><u>\$ 6,925,657</u></u>

The accompanying notes are an integral part of these financial statements.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - PLAN DESCRIPTION

The following description of the 403(b) Thrift Plan for Employees of The United Way of Southwestern Pennsylvania ("Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan is a contributory defined contribution plan established to provide retirement benefits for substantially all eligible employees of The United Way of Southwestern Pennsylvania ("Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective October 1, 2020, the plan for the Employer's Butler County office merged with the Plan, and all Plan assets for the Butler County participants were transferred into the Plan. Effective December 1, 2020, the plan for the Employer's Westmoreland County office merged with the Plan, and all assets for the Westmoreland County participants were transferred into the Plan.

Eligibility

An employee becomes eligible to participate in the Plan beginning on date of hire. A person becomes eligible to make salary reduction contributions to the Plan upon becoming employed by the Employer. Effective October 1, 2020, the Plan was amended to allow Employer base contributions, in which employees are eligible to participate upon completing one year of service and having at least 1,000 hours of service in that year, as well as attaining age 21. For purposes of eligibility, an employee's service with an organization in the non-profit health or social service field within the three-year period before their employment with the Employer shall be counted towards the minimum service requirement.

Contributions

Participants may direct the Employer to contribute a deferral of their annual compensation to the Plan, subject to overall limitations imposed by the Internal Revenue Code ("IRC"). Participants who have attained age 50 by the end of the Plan year are eligible under the IRC to make additional catch-up contributions (limited to \$6,500 for 2022 and 2021). The Plan has an auto-enrollment feature under which all eligible employees are enrolled at 4%, unless the employees make an election to opt out. The Plan does not contain an automatic increase provision for deferrals. These deferred salary contributions are reported as participant contributions in the financial statements.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 1 - PLAN DESCRIPTION (continued)

Contributions (continued)

In addition, participants who receive qualified distributions from another qualified plan may be able to rollover such distributions into the Plan. Rollover contributions were \$250,172 for the year ended June 30, 2022.

The Employer makes matching contributions to the Plan, on behalf of the participants. The Employer match is based on age and completed years of service, as defined in the Plan documents. For participants whose age and completed years of service combined are less than 55, the Employer makes matching contributions equal to 100% of the first 4% of the participant's compensation contributed. For participants whose age and completed years of service combined are 55 or greater, the Employer makes matching contributions equal to 100% of the first 7% of the participant's compensation contributed. These employer match contributions are reported as employer contributions in the financial statements.

Employer base contributions are calculated using a fixed percentage applied to a participant's compensation and is based on participant's age and completed years of service, as defined in the Plan documents. For participants whose age and completed years of service combined are less than 55, the Employer makes base contributions equal to 4.5% of the participant's compensation. For participants whose age and completed years of service combined are at least 55 but less than 70, the Employer makes base contributions equal to 6% of the participant's compensation. For participants whose age and completed years of service combined are at least 70, the Employer makes base contributions equal to 13.5% of the participant's compensation. Westmoreland County office participants hired before October 1, 2020 are grandfathered at a minimum of 6.5% base contributions. These Employer base contributions are reported as employer contributions in the financial statements.

Investment options

Participants direct all contributions into various investment options offered by the Plan under contracts with insurance companies. Under these contracts, contributions can be allocated among the insurance company's general account and a wide array of separate account investment funds (pooled separate accounts). Any contribution made on behalf of a participant for which no investment direction is in effect shall be allocated to the Mutual of America retirement fund most appropriate to the participant's age at the time of allocation.

Participant accounts

Each participant's account is credited with the participant's deferred salary contributions, Employer match contributions, Employer base contributions, and an allocation of Plan earnings based on the investment options selected by the participant.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 1 - PLAN DESCRIPTION (continued)

Participant accounts (continued)

Each participant's account is reduced by participant withdrawals, an allocation of any administrative expenses and fees paid by the Plan, and an allocation of Plan losses based on investment options. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their deferred salary contributions and any investment earnings thereon. Participants become 100% vested in employer contributions after three years of continuous service. The Plan also allows for 100% vesting in employer contributions upon attainment of Early Retirement Age, as defined in the Plan documents.

Plan loans

Loans issued to participants of the Plan are collateralized loans. There are no withdrawals of loan amounts from a participant's account nor are principal and interest payments applied towards a participant's account. Rather, the participant is borrowing from Mutual of America Life Insurance Company ("Mutual of America") and using their account balance as collateral. These loans are not considered to be assets of the Plan. Loans are to be repaid over a period not to exceed five years, unless used to acquire a principal residence, and bore variable rates of interest of 3.25% and 4.00% as of June 30, 2022 and 2021, respectively. Additional conditions apply as specified in the Plan documents. The amount of outstanding loans was \$70,648 and \$63,861 as of June 30, 2022 and 2021, respectively.

Notes receivables from participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested balance, whichever is less. The note receivable is secured by the balance in the participant's account and bears interest at rates commensurate with the Plan documents. Principal and interest is paid ratably over the life of the note. There were no notes receivable from participants as of June 30, 2022 or 2021.

Payment of benefits

Participants are entitled to withdraw from their vested account prior to retirement due to disability, death, hardship, or termination of employment. Upon reaching normal retirement age, participants may elect distributions from their accounts via single lump-sum cash payment or through an annuity benefit. Participants with accumulated balances of less than \$1,000 at their date of service termination shall receive a lump sum distributions of their vested balance.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 1 - PLAN DESCRIPTION (continued)

Forfeited accounts

Forfeitures of nonvested employer discretionary contributions arising from employee terminations and withdrawals are used to pay Plan expenses or reduce matching contributions. Forfeited accounts totaled \$0 and \$243 as of June 30, 2022 and 2021, respectively. Forfeited nonvested accounts in the amount of \$26,123 were used to reduce employer matching contributions made during the year ended June 30, 2022. No amounts were used to pay Plan expenses for the ended June 30, 2022.

Plan termination

Although it has not expressed any intention to do so, the Employer may terminate the Plan at any time, subject to the provisions of ERISA. In the event that the plan is terminated, or employer contributions are permanently discontinued, the total value of individual accounts will be fully vested.

Administrative expenses and fees

The Employer may pay some Plan administration expenses with its own assets rather than using Plan assets. To the extent the Employer does not pay Plan expenses with its own assets, the Plan generally will pay the expenses of Plan administration and will assess the expenses paid against the accounts of all participants in the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

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

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of changes in assets during the reporting period. Actual results could differ from those estimates.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment valuation and income recognition

The Plan's investments in pooled separate accounts, valued at fair value, are tracked by participation units in sub-accounts, with each sub-account representing a mutual fund investment option offered by Mutual of America, the Plan's custodian. Each sub-account holds shares of a single underlying mutual fund, and the sub-accounts reinvest any mutual fund distributions received into additional shares of the underlying mutual fund. Thus, no distributions of dividends or interest are made to the participation unit holders. The participation unit values are adjusted daily by the custodians to reflect investment results based on the quoted market prices of the underlying mutual funds for the sub-accounts.

The Plan's investment in the Mutual of America Interest Accumulation Account is a fully benefit-responsive investment contract and is included in the financial statements at contract value. Contract value is the relevant measurement attribute for that portion of the assets available for benefits of a defined contribution plan attributable to fully-benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment transactions are accounted for on the trade date (date the order to buy or sell is executed). Interest income is recorded as earned. All gains and losses (realized and unrealized) on investments recorded at fair value, bought and sold as well as held during the year, are included in net depreciation of fair value of investments reported within the statement of changes in assets available for benefits. Gains, losses, and interest income incurred on investments reported at contract value are included in interest within the statement of changes in assets available for benefits.

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

Payment of benefits

Benefit payments are recorded when paid.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through April 11, 2023, the date on which the financial statements were available to be issued.

NOTE 3 - INCOME TAX STATUS

The Internal Revenue Service (“IRS”) issued an Opinion Letter, dated March 31, 2017, to Mutual of America. The Opinion Letter affirms that the prototype 403(b) plan document submitted by Mutual of America is acceptable under IRS section 403(b) for use by eligible employers for the benefit of their employees. The Employer’s most recent adoption agreement for the prototype 403(b) plan document was effective July 1, 2019. The Plan administrator and the Plan’s tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified.

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 (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and have concluded that as of June 30, 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes they are no longer subject to income tax examinations for periods prior to 2019.

NOTE 4 - CERTIFICATIONS

The investment information contained in the financial statements and Schedule of Assets Held at End of Year has been certified as accurate and complete by Mutual of America, the Plan’s custodian.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 5 - INVESTMENTS AND FAIR VALUE MEASUREMENT

The Plan provides participants the opportunity to direct both participant and Employer contributions into separate investment funds. However, investment managers have the authority to make investment decisions within each fund.

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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy are described as follows:

Level I – Quoted prices are available in active markets for identical investments as of the reporting date. The Plan does not hold any investments that are classified as Level I.

Level II – Pricing inputs are other than quoted market prices included within Level I, however, are observable, either directly or indirectly for the investment. The Plan does not hold any investments that are classified as Level II.

Level III – Pricing inputs are unobservable for the investment and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation. The Plan does not hold any investments that are classified as Level III.

Interests in pooled separate accounts are valued at the net asset value (“NAV”) of shares held by the Plan at year-end and are therefore excluded from the fair value hierarchy. Separate account funds invest in mutual funds and other funds managed by outside investment advisors. Investments held in the separate accounts are stated at fair value and are not available to satisfy the liabilities of the general account. Pooled separate accounts are valued at NAV per share as determined by investment managers under the “practical expedient.” The practical expedient allows NAV per share to represent fair value for reporting purposes when the criteria for using this method are met. The pooled separate accounts consist of mutual funds actively traded that are easily redeemed at the request of participants. The investment strategies of the underlying investment funds of the separate account include seeking capital appreciation and current income. The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of the future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 5 - INVESTMENTS AND FAIR VALUE MEASUREMENT (continued)

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of June 30, 2022 and 2021. There are no participant redemption restrictions for these investments:

Description	June 30, 2022	June 30, 2021	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Pooled separate accounts	\$ 6,329,020	\$ 6,830,665	\$ --	Daily	None

NOTE 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a deposit contract with Mutual of America. Under the terms of the contract, a portion of the Plan assets are held in Mutual of America's General Account, which is made up mainly of fixed maturity securities. The General Account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Mutual of America. Mutual of America is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The contract, which is fully benefit responsive, is included in the financial statements at contract value. Contract value represents contributions made under the contract, plus earnings, less withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the insurance contract as of June 30, 2022 and 2021 was \$596,637 and \$530,919, respectively. Guaranteed interest rates vary under the contract, depending on when the contracts were issued. For contracts issued before March 1, 2008, the guaranteed interest rate is 3.00%. For contracts issued after March 1, 2008, the guaranteed interest rate is 1.00%. The rates of interest in effect under this contract for the period July 1, 2021 to December 31, 2021 was 1.00% and for the period January 1, 2022 to June 30, 2022 was 0.25% for contracts issued after March 1, 2008. The rate of interest in effect under this contract as of June 30, 2022 was 3.00% for contracts issued before March 1, 2008. The rates of interest in effect under this contract as of June 30, 2021 were 1.00% and 3.00% for contracts issued after March 1, 2008 and before March 1, 2008, respectively. Interest is compounded daily and is periodically adjusted by Mutual of America.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 6 - INVESTMENT CONTACT WITH INSURANCE COMPANY (continued)

Mutual of America is responsible for maintaining the balances due to each of the eligible participants in the Plan. The assets available for benefits include assets available to current eligible employees as well as terminated employees who have not yet been paid their benefit by the Plan. Mutual of America also is responsible for the proper payouts of benefits to eligible terminated employees per the terms of the Plan documents.

Certain events may limit the ability of the Plan to transact at contract value with the issuer, as defined in the contract. The Plan administrator does not believe that the occurrence of any such event which would limit the Plan's ability to transact at contract value with participants is probable.

NOTE 7 - RELATED PARTY TRANSACTIONS

The Plan has investments in shares of funds managed by Mutual of America Investment Corporation, an affiliate of the Plan's custodian, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net depreciation in fair value of investments in the statement of changes in assets available for benefits, since they are paid through revenue sharing, rather than a direct payment. Certain administrative functions are performed by employees of the Employer at no cost to the Plan.

NOTE 8 - DELINQUENT PARTICIPANT CONTRIBUTIONS

The Employer discovered \$315,967 of participant contributions that were remitted to the Plan in an untimely manner during the Plan year ended June 30, 2022. During the Plan year ending June 30, 2023, the Employer reimbursed the Plan on behalf of the affected participants for any lost earnings related to these late contributions and corrected these prohibited transactions outside of the Voluntary Fiduciary Correction Program.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 9 - RECONCILIATION TO FORM 5500

The following is a reconciliation of assets available for benefits per the financial statements to Schedule H of Form 5500 as of June 30, 2021:

Assets available for benefits per the financial statements	\$ 7,398,954
Effect of accruals made in financial statements but not in Form 5500:	
Participant contributions receivable	(16,110)
Employer contributions receivable	(21,260)
Effect of fair value reported in financial statements but not in Form 5500:	
Tax deferred accounts	<u>(22,682)</u>
Assets available for benefit per the Form 5500	\$ <u>7,338,902</u>

The following is a reconciliation of net deductions to assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended June 30, 2022:

Net deductions to assets available for benefits per the financial statements	\$ (473,297)
Effect of accruals made in financial statements but not in Form 5500:	
Participant contributions	16,110
Employer contributions	<u>21,260</u>
Net deductions to assets available for benefits per Schedule H to the Form 5500	\$ <u>(435,927)</u>

SUPPLEMENTAL SCHEDULES

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

SCHEDULE OF ASSETS HELD AT END OF YEAR

Form 5500 Schedule H
Part IV, item 4i

June 30, 2022

EIN no. 25-1043578
Plan number 002

(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	(e) Current value
*	Mutual of America Investment Corporation	Mutual of America 2035 Retirement Fund	\$ 932,111
*	Mutual of America Investment Corporation	Mutual of America 2025 Retirement Fund	748,939
*	Mutual of America Investment Corporation	Mutual of America Interest Accumulation Account	596,637
*	Mutual of America Investment Corporation	Fidelity® VIP Contrafund® Portfolio	486,722
*	Mutual of America Investment Corporation	Mutual of America 2045 Retirement Fund	423,864
*	Mutual of America Investment Corporation	Mutual of America Equity Index Fund	411,147
*	Mutual of America Investment Corporation	Mutual of America 2050 Retirement Fund	361,911
*	Mutual of America Investment Corporation	Mutual of America 2030 Retirement Fund	285,629
*	Mutual of America Investment Corporation	Mutual of America Mid Cap Equity Index Fund	261,725
*	Mutual of America Investment Corporation	Mutual of America Aggressive Allocation Fund	251,217
*	Mutual of America Investment Corporation	Mutual of America 2040 Retirement Fund	239,800
*	Mutual of America Investment Corporation	Mutual of America Moderate Allocation Fund	223,881
*	Mutual of America Investment Corporation	Mutual of America Bond Fund	169,495
*	Mutual of America Investment Corporation	Mutual of America All America Fund	145,502
*	Mutual of America Investment Corporation	Mutual of America Money Market Fund	131,872
*	Mutual of America Investment Corporation	Vanguard VIF International Portfolio	127,133
*	Mutual of America Investment Corporation	Fidelity® VIP Mid Cap Portfolio	121,851
*	Mutual of America Investment Corporation	Mutual of America 2055 Retirement Fund	114,846
*	Mutual of America Investment Corporation	DWS Capital Growth VIP	92,976
*	Mutual of America Investment Corporation	T. Rowe Price Blue Chip Growth Portfolio	84,830
*	Mutual of America Investment Corporation	Mutual of America Small Cap Growth Fund	82,931
*	Mutual of America Investment Corporation	Mutual of America Retirement Income Fund	74,730
*	Mutual of America Investment Corporation	Vanguard VIF Diversified Value Portfolio	73,765
*	Mutual of America Investment Corporation	Mutual of America Mid Term Bond Fund	63,457
*	Mutual of America Investment Corporation	Mutual of America Small Cap Value Fund	60,778
*	Mutual of America Investment Corporation	Mutual of America 2020 Retirement Fund	57,467
*	Mutual of America Investment Corporation	Fidelity® VIP Asset Manager Portfolio	54,230
*	Mutual of America Investment Corporation	Mutual of America 2060 Retirement Fund	52,390
*	Mutual of America Investment Corporation	American Century Investments® VP Capital Appreciation Fund	51,423
*	Mutual of America Investment Corporation	Invesco V.I. Main Street Fund®	27,914
*	Mutual of America Investment Corporation	Fidelity® VIP Equity Income Portfolio	21,971
*	Mutual of America Investment Corporation	Mutual of America International Fund	16,902
*	Mutual of America Investment Corporation	Mutual of America Composite Fund	12,618
*	Mutual of America Investment Corporation	Mutual of America Mid Cap Value Fund	10,628
*	Mutual of America Investment Corporation	Vanguard VIF Total Bond Market Index Portfolio	10,556
*	Mutual of America Investment Corporation	Victory RS Small Cap Growth Equity VIP Series	9,060
*	Mutual of America Investment Corporation	American Funds Insurance Series® New World Fund®	7,703
*	Mutual of America Investment Corporation	Vanguard VIF Real Estate Index Portfolio	5,683
*	Mutual of America Investment Corporation	Calvert VP SRI Balanced Portfolio	4,393
*	Mutual of America Investment Corporation	PIMCO VIT Real Return Portfolio	3,262
*	Mutual of America Investment Corporation	Neuberger Berman AMT Sustainable Equity Portfolio	2,952
*	Mutual of America Investment Corporation	MFS® VIT III Mid Cap Value Portfolio	2,405
*	Mutual of America Investment Corporation	Mutual of America 2065 Retirement Fund	1,757
*	Mutual of America Investment Corporation	Delaware VIP® Small Cap Value Series	1,671
*	Mutual of America Investment Corporation	Mutual of America Conservative Allocation Fund	1,591
*	Mutual of America Investment Corporation	Mutual of America Small Cap Equity Index Fund	1,150
*	Mutual of America Investment Corporation	Goldman Sachs VIT US Equity Insights Fund	182
	Total investments		\$ <u>6,925,657</u>

* Represents party-in-interest to the Plan.

Schedule prepared from data certified as complete and accurate by Plan custodian.

See accompanying Independent Auditor's Report.

403(b) THRIFT PLAN FOR EMPLOYEES OF
THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

SCHEDULE OF DELINQUENT CONTRIBUTIONS

June 30, 2022

Form 5500 Schedule H
Part IV, item 4a

EIN no. 25-1043578
Plan number 002

Participant contributions transferred late to Plan		Total that Constitutes Nonexempt Prohibited Transactions			
☐					
Check here if Late Participant Loan Repayments are included:		(*) Contributions not corrected	Contributions corrected outside of Voluntary Fiduciary Correction Program ("VFCP")	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
\$	315,967	\$ 315,967	\$ --	\$ --	\$ --

See Note 8 to the financial statements.

(*) Late contributions were corrected outside of the VFCP program, and all participant accounts are fully restored as of June 30, 2023.

See accompanying Independent Auditor's 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

EIN: 25-1043578

Plan Sponsor's Name THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

PN: 002

(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		525,989
*	Mutual of America	GROUP ANNUITY CONTRACT Aggressive Allocation Fund		251,217
*	Mutual of America	GROUP ANNUITY CONTRACT Conservative Allocation Fund		1,591
*	Mutual of America	GROUP ANNUITY CONTRACT Moderate Allocation Fund		223,881
*	Mutual of America	GROUP ANNUITY CONTRACT Bond Fund		169,495
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth		84,830
*	Mutual of America	GROUP ANNUITY CONTRACT Composite Fund		12,618
*	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Port.		4,393
*	Mutual of America	GROUP ANNUITY CONTRACT Delaware VIP Small Cap Value S		1,671
*	Mutual of America	GROUP ANNUITY CONTRACT Equity Index Fund		411,147
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid-Cap		121,851
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager		54,230
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund		486,722
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity Income		21,971
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity		182
*	Mutual of America	GROUP ANNUITY CONTRACT American Funds IS New World		7,703
*	Mutual of America	GROUP ANNUITY CONTRACT Money Market Fund		131,872
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Term Bond Fund		63,457
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Cap Equity Index Fund		261,725

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: 25-1043578

Plan Sponsor's Name THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

PN: 002

(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 MFS VIT III Mid Cap Value Port		2,405
*	Mutual of America	GROUP ANNUITY CONTRACT Mid Cap Value Fund		10,628
*	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sust Eq		2,952
*	Mutual of America	GROUP ANNUITY CONTRACT International Fund		16,902
*	Mutual of America	GROUP ANNUITY CONTRACT Invesco VI Main St		27,914
*	Mutual of America	GROUP ANNUITY CONTRACT Retirement Income Fund		74,730
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index		5,683
*	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Port.		3,262
*	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth		9,060
*	Mutual of America	GROUP ANNUITY CONTRACT 2020 Retirement Fund		57,467
*	Mutual of America	GROUP ANNUITY CONTRACT 2025 Retirement Fund		748,939
*	Mutual of America	GROUP ANNUITY CONTRACT 2030 Retirement Fund		285,629
*	Mutual of America	GROUP ANNUITY CONTRACT 2035 Retirement Fund		932,109
*	Mutual of America	GROUP ANNUITY CONTRACT 2040 Retirement Fund		239,800
*	Mutual of America	GROUP ANNUITY CONTRACT 2045 Retirement Fund		423,864
*	Mutual of America	GROUP ANNUITY CONTRACT 2050 Retirement Fund		361,911
*	Mutual of America	GROUP ANNUITY CONTRACT 2055 Retirement Fund		114,846
*	Mutual of America	GROUP ANNUITY CONTRACT 2060 Retirement Fund		52,390
*	Mutual of America	GROUP ANNUITY CONTRACT 2065 Retirement Fund		1,757

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: 25-1043578

Plan Sponsor's Name THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

PN: 002

(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 All America Fund		145,502
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Equity Index Fund		1,150
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		92,976
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Growth Fund		82,931
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Value Fund		60,778
*	Mutual of America	GROUP ANNUITY CONTRACT American Century VP Cap Apprec		51,423
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value		73,765
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International		127,133
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard Total Bond Mkt I Prt		10,556
*	PARTICIPANT LOANS	Represents outstanding Participant Loan Balance		70,648

