

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
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>403(B) THRIFT PLAN OF WAY FINDERS, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1988</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>04-2518368</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>413-785-1251</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>813000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1988</u>		2b Employer Identification Number (EIN) <u>04-2518368</u>		2c Plan Sponsor's telephone number <u>413-785-1251</u>		2d Business code (see instructions) <u>813000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1988</u>											
2b Employer Identification Number (EIN) <u>04-2518368</u>											
2c Plan Sponsor's telephone number <u>413-785-1251</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>WAY FINDERS, INC.</u> <u>1780 MAIN STREET</u> <u>SPRINGFIELD, MA 01103</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	DEREK MORRIS
	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 WAY FINDERS, INC. 120 MAPLE ST. 4TH FL SPRINGFIELD, MA 01103	3b Administrator's EIN 04-2518368 3c Administrator's telephone number 413-785-1251
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 355
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 306 6a(2) 309 6b 0 6c 105 6d 414 6e 2 6f 416 6g 396 6h 72
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: 2E 2F 2G 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) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan 403(B) THRIFT PLAN OF WAY FINDERS, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WAY FINDERS, INC.	D Employer Identification Number (EIN) 04-2518368

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

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE

(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
74-1625348	70238	51437	112	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 11	(b) Total amount of fees paid 0
--	------------------------------------

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
DONOFRIO, ALBERT
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0 0		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	301884
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	427801

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	314317
----------	---	-----------	--------

c	Additions: (1) Contributions deposited during the year	7c(1)	0	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	8766	
	(4) Transferred from separate account.....	7c(4)	4543	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	13309
---------------------------	--------------	-------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	327626
----------	--	-----------	--------

e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	23838	
	(2) Administration charge made by carrier.....	7e(2)	0	
	(3) Transferred to separate account.....	7e(3)	1856	
	(4) Other (specify below)	7e(4)	48	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	25742
----------------------------	--------------	-------

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	301884
----------	--	-----------	--------

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 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
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan 403(B) THRIFT PLAN OF WAY FINDERS, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WAY FINDERS, INC.	D Employer Identification Number (EIN) 04-2518368

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

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	061642D	416	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	5890

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HARTFORD REGIONAL OFFICE
SOMERSET SQUARE 95 GLASTONBURY BLVD
SUITE 410
GLASTONBURY, CT 06033-4414

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	5890	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	563906
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	7709340

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

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	385160
----------	---	-----------	--------

c	Additions: (1) Contributions deposited during the year	7c(1)	45824	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	2614	
	(4) Transferred from separate account.....	7c(4)	153230	
	(5) Other (specify below)	7c(5)	39862	

▶ ACCOUNT TRANSFERS

(6) Total additions	7c(6)	241530
---------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	626690
---	-----------	--------

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	62521	
(2) Administration charge made by carrier.....	7e(2)	263	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	62784
----------------------------	--------------	-------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	563906
---	-----------	--------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan 403(B) THRIFT PLAN OF WAY FINDERS, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WAY FINDERS, INC.	D Employer Identification Number (EIN) 04-2518368

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN CENTURY INVESTMENTS	PO BOX 419786 KANSAS CITY, MO 64141-6786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CALVERT INV MGMT, INC.	4550 MONTGOMERY AVE STE 1000N BETHESDA, MD 20814

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CAPITAL RESEARCH AND MGMT CO.	333 SOUTH HOPE STREET LOS ANGELES, CA 90071

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DELAWARE VIP TRUST	ONE COMMERCE SQUARE 2005 MARKET STREET PHILADELPHIA, PA 19103

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

DEUTSCHE INV MGMT AMERICAS, INC.

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

FIDELITY MANAGEMENT & RESEARCH CO.

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 VARIABLE INS TRUST

200 WEST STREET
NEW YORK, NY 10282**(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

NEUBERGER BERMAN BD LLC

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

OPPENHEIMER FUNDS, INC.

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

PIMCO

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

THE VANGUARD GROUP, INC.

PO BOX 2600
VALLEY FORGE, PA 19482-2600

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

VICTORY VARIABLE INS FUNDS

4900 TIEDEMAN ROAD 4TH FLOOR
BROOKLYN, OH 44144

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

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

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

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

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

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

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

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

MUTUAL OF AMERICA LIFE INS CO

13-1614399

(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	NONE	2844	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

VALIC

2929 ALLEN PARKWAY
HOUSTON, TX 77019

74-1625348

(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?
19 26 28 29 33 37 49 50 52 58 59 60 63 64 66	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

VALIC

2929 ALLEN PARKWAY
HOUSTON, TX 77019

74-1625348

(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?
72 99	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>403(B) THRIFT PLAN OF WAY FINDERS, INC.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WAY FINDERS, INC.</u>	D Employer Identification Number (EIN) <u>04-2518368</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)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VARIABLE ANNUITY LIFE INSURANCE CO</u>		
b Name of sponsor of entity listed in (a): <u>WAY FINDERS, INC.</u>		
c EIN-PN <u>74-1625348-001</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>729685</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NUMBER FS2</u>		
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>		
c EIN-PN <u>13-1614399-000</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>7709340</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan 403(B) THRIFT PLAN OF WAY FINDERS, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WAY FINDERS, INC.	D Employer Identification Number (EIN) 04-2518368	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	216952	237317
(2) Participant contributions.....	1b(2)	0	31302
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	54347	47905
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	500295	379897
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7858478	7709340
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	699477	865790
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	9329549	9271551

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	9329549	9271551
---	----	---------	---------

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)	339633	
(B) Participants	2a(1)(B)	839133	
(C) Others (including rollovers).....	2a(1)(C)	191953	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1370719
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	10670	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		10670
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-1079888
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-78309
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		223192
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	278022	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		278022
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
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)	3168	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3168
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		281190
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-57998
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DANIEL DENNIS & COMPANY LLP

(2) EIN: 04-2734675

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan 403(B) THRIFT PLAN OF WAY FINDERS, INC.	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 WAY FINDERS, INC.	D Employer Identification Number (EIN) 04-2518368

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 76-0519990 13-1614399		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

403(B) THRIFT PLAN OF WAY FINDERS, INC.

Financial Statements, Supplemental Schedule
and Independent Auditors' Reports

June 30, 2022 and 2021

403(B) Thrift Plan of Way Finders, Inc.
June 30, 2022 and 2021

Contents

Independent Auditors' Reports	1
Financial Statements:	
Statements of Net Assets Available for Benefits	7
Statements of Changes in Net Assets Available for Benefits	8
Notes to Financial Statements	9
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	18



DANIEL DENNIS & Co
Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator and Participants of
403(B) Thrift Plan of Way Finders, Inc.

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

We have performed an audit of the accompanying financial statements of 403(B) Thrift Plan of Way Finders, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of June 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying 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.
- the information in the accompanying 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

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

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule: Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of June 30, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule 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).

Daniel Dennis & Company LLP

April 12, 2023



DANIEL DENNIS & Co
Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator and Participants of
403(B) Thrift Plan of Way Finders, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying statement of net assets available for benefits of 403(B) Thrift Plan of Way Finders, Inc. (the Plan) as of June 30, 2021 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on the 2021 financial statements based on conducting our audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Variable Annuity Life Insurance Company and Mutual of America Investment Corporation, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of and for the year ended June 30, 2021 that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2021 financial statements. Accordingly, we do not express an opinion on the 2021 financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations for the 2021 Financial Statements

The form and content of the information included in the 2021 financial statements, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Daniel Dennis & Company LLP

April 12, 2023

403(B) Thrift Plan of Way Finders, Inc.
Statements of Net Assets Available for Benefits
June 30, 2022 and 2021

	<i>2022</i>	<i>2021</i>
Assets		
Investments at fair value	\$ 8,653,143	\$ 8,743,933
Investments at contract value	301,884	314,317
Cash	47,905	54,347
Receivables:		
Employee contributions	31,302	-
Employer contributions	<u>237,317</u>	<u>216,952</u>
Total assets	<u>9,271,551</u>	<u>9,329,549</u>
Net assets available for benefits	<u><u>\$ 9,271,551</u></u>	<u><u>\$ 9,329,549</u></u>

See accompanying notes to financial statements.

403(B) Thrift Plan of Way Finders, Inc.
Statements of Changes in Net Assets Available for Benefits
For the Years Ended June 30, 2022 and 2021

Additions:	<i>2022</i>	<i>2021</i>
Investment (loss)/income:		
Net (depreciation)/appreciation in fair value of investments	\$ (1,158,197)	\$ 1,706,320
Interest and dividends	<u>10,670</u>	<u>10,693</u>
Total investment (loss)/income	<u>(1,147,527)</u>	<u>1,717,013</u>
Contributions:		
Employer	339,633	304,546
Participant	839,133	688,283
Rollover	<u>191,953</u>	<u>313,571</u>
Total contributions	<u>1,370,719</u>	<u>1,306,400</u>
Total additions	<u>223,192</u>	<u>3,023,413</u>
Deductions:		
Benefits paid to participants	278,022	253,376
Administrative expenses	<u>3,168</u>	<u>2,829</u>
Total deductions	<u>281,190</u>	<u>256,205</u>
Net (decrease)/increase	<u>(57,998)</u>	<u>2,767,208</u>
Net assets available for benefits at beginning of year	<u>9,329,549</u>	<u>6,562,341</u>
Net assets available for benefits at end of year	<u><u>\$ 9,271,551</u></u>	<u><u>\$ 9,329,549</u></u>

See accompanying notes to financial statements.

403(B) Thrift Plan of Way Finders, Inc.

Notes to Financial Statements

June 30, 2022 and 2021

1. Description of Plan

The following description of the 403(B) Thrift Plan of Way Finders, Inc. (the Plan), provides only general information. Participants should refer to the summary plan description or plan document for more complete information of the Plan's provisions.

General

The Plan is a 403(b) defined contribution plan established effective July 1, 1988, and most recently amended August 1, 2019. Employees of Way Finders, Inc. (the Company) are eligible to participate in the Plan upon hire and begin to receive the Company's employer contributions upon completion of one year of service, with a minimum of 1,000 hours. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Contributions

Each year participants may contribute a percentage of their annual compensation as defined in the Plan. Participants may make either or both, pretax contributions or post-tax Roth contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions from other qualified plans. Participants direct the investment of their allocated contributions into various investment options offered by the Plan. Participants who have completed at least 1,000 service hours are eligible to receive an employer discretionary non-elective contribution. These contributions are based upon the total compensation received on the pay dates falling within a period approved by the board of directors of the Company for all employees who are eligible for employer contributions on the pay dates falling within a period. Company discretionary non-elective contributions are funded on an annual basis. The August 1, 2019 plan amendment added fixed percentage employer matching contributions for eligible participants equal to 20% of participants' salary reduction contributions that were deferred during the plan year, not to exceed 2% of compensation.

Participant Accounts

Each participant's account is credited with the participant's contribution, Company's contribution and an allocation of the Plan's earnings/(losses) and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant contributions and investment allocations are determined by the participant and may be changed or discontinued at any time.

403(B) Thrift Plan of Way Finders, Inc.

Notes to Financial Statements - *Continued*

June 30, 2022 and 2021

1. *Description of Plan – Continued*

Vesting

Participants are vested in their account under the Plan at 50% after one year of service; 75% after two years of service; and fully vested after three years of service. A vested benefit cannot be taken away from them or forfeited.

Plan Loans

Participants may borrow from the plan custodians, Variable Annuity Life Insurance Company (VALIC) or Mutual of America Investment Corporation (MOA), (Note 9) using the assets in their accounts as collateral. Under this arrangement, VALIC and MOA have the right to collect the collateral in the event of default.

Plan Termination

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

Administrative Expenses

The Plan is responsible for payment of the Plan's custodial expenses and fees. The Company has elected to pay a portion of these costs directly. The remaining costs are paid by the Plan. For the years ended June 30, 2022 and 2021, the Plan paid total costs of \$3,168 and \$2,829, respectively. Administrative expenses, which relate to the servicing of loans to participants and certain investment fees, are paid via a reduction of loan proceeds or participant account balances.

Payment of Benefits

Upon termination of service due to death, disability or retirement, or the attainment of age 59 ½, a participant may receive payment in the form of a Qualified Joint and Survivor Annuity, unless a Qualified Election is made. If a Qualified Election is made, any other form of payment allowed under the purchased annuity contract may be made. In addition, a participant may request withdrawals for purposes of financial hardship, limited to the participant's vested portion of the participant's account. Distributions are subject to the applicable provisions of the Plan document and may be subject to surrender charges.

2. *Significant Accounting Policies*

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initial permitted transactions under the terms of the Plan.

403(B) Thrift Plan of Way Finders, Inc.
Notes to Financial Statements - *Continued*
June 30, 2022 and 2021

2. *Significant Accounting Policies – Continued*

Payment of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's administrator determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

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

3. *Information Prepared and Certified by Custodians (Unaudited)*

Certain information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodians as of and for the years ended June 30, 2022 and 2021. The information certified by the custodians is as follows:

	2022	2021
Investments at fair value:		
Variable annuity contracts	\$ 379,897	\$ 500,295
Mutual funds	\$ 7,709,340	\$ 7,858,478
Guaranteed interest accounts	\$ 563,906	\$ 385,160
Investments at contract value:		
Fixed annuity contracts	\$ 301,884	\$ 314,317
Cash	\$ 47,905	\$ 54,347
Net (depreciation)/appreciation in fair value of investment	\$ (1,158,197)	\$ 1,706,320
Interest and dividend income	\$ 10,670	\$ 10,693

403(B) Thrift Plan of Way Finders, Inc.

Notes to Financial Statements - *Continued*

June 30, 2022 and 2021

4. *Risk and Uncertainties*

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

5. *Income Tax Status*

The Plan, as a 403(b) plan, currently is not required to be submitted to the Internal Revenue Service (IRS) for determination. However, the Plan has been designed as a prototype plan from the Plan's third party administrator to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b).

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. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure 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. The plan administrator believes it is no longer subject to income tax examinations for Plan years prior to tax year 2019.

6. *Fair Value Measurements*

The Financial Accounting Standards Board provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

403(B) Thrift Plan of Way Finders, Inc.

Notes to Financial Statements - *Continued*

June 30, 2022 and 2021

6. Fair Value Measurements – Continued

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2022 and 2021.

Variable Annuities

Valued at fair value, which is determined by the net asset value reported by VALIC. The funds held by the Plan are deemed to be actively traded.

Mutual Funds

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the securities and exchange commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Guaranteed Interest Accounts

Valued based on the daily interest rate published by the financial institution that holds the investment. The funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

403(B) Thrift Plan of Way Finders, Inc.
Notes to Financial Statements - *Continued*
June 30, 2022 and 2021

6. Fair Value Measurements – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2022 and 2021:

<i>Assets at Fair Value as of June 30, 2022</i>		
<i>Description</i>	<i>Level 1</i>	<i>Total</i>
Variable annuity contracts	\$ 379,897	\$ 379,897
Mutual funds	7,709,340	7,709,340
Guaranteed interest accounts	<u>563,906</u>	<u>563,906</u>
Total investments at fair value	<u>\$ 8,653,143</u>	<u>\$ 8,653,143</u>

<i>Assets at Fair Value as of June 30, 2021</i>		
<i>Description</i>	<i>Level 1</i>	<i>Total</i>
Variable annuity contracts	\$ 500,295	\$ 500,295
Mutual funds	7,858,478	7,858,478
Guaranteed interest accounts	<u>385,160</u>	<u>385,160</u>
Total investments at fair value	<u>\$ 8,743,933</u>	<u>\$ 8,743,933</u>

For the years ended June 30, 2022 and 2021, there were no significant transfers between Level 1 and 2 and no transfers in or out of Level 3.

7. Fully Benefit-Responsive Contracts

The Plan's Fixed Account Plus (FAP account) and Short Term Fixed Account (STF account) are fully benefit-responsive fixed group annuity contracts issued by VALIC. VALIC maintains the contributions in a general account. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. The guaranteed investment contracts are presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by VALIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

403(B) Thrift Plan of Way Finders, Inc.
Notes to Financial Statements - *Continued*
June 30, 2022 and 2021

7. *Fully Benefit-Responsive Contracts – Continued*

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the FAP account at June 30, 2022 and 2021, was \$283,377 and \$296,484, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1%. Such interest rates will be reviewed periodically but not less than annually for resetting. The contract value of the STF account at June 30, 2022 and 2021, was \$18,507 and \$17,833, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1%. Such interest rates are reviewed on a portfolio basis, all amounts accumulated will be credited with the same rate of interest for the current period for resetting.

Certain events limit the Plan's ability to transact at contract value with VALIC. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value.

Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

8. *Party-in-Interest Transactions*

Plan assets consist of certain funds managed by VALIC and MOA. VALIC and MOA are the custodians, as defined by the Plan, and as such transactions with the custodians qualify as party-in-interest transactions under ERISA. Personnel and facilities of the Company have been used to perform administrative functions for the Plan at no charge to the Plan. Fees paid by the Plan for investments management services totaled \$3,168 and \$2,829 for the years ended June 30, 2022 and 2021, respectively.

403(B) Thrift Plan of Way Finders, Inc.
Notes to Financial Statements - *Continued*
June 30, 2022 and 2021

9. *Collateral for Plan Loans*

Plan loans are issued as separate contracts as contemplated by IRC section 72(p)(5), and do not represent assets of the Plan. Loans issued by VALIC are collateralized using a participant's account balance in an amount equal to the amount of the loan, the first quarter's interest payment, and any applicable withdrawal charges. Loans issued by MOA are collateralized using a participant's account balance in an amount equal to the amount of the loan plus an additional 20%. Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participants vested account balance in the Plan. Principal and interest is paid by the participant to VALIC or MOA and each payment will reduce amounts collateralized by the borrowing participant's account balance. The collateralized balance is not available for transfer, withdrawal, retirement income benefits or survivor benefits. The amount of assets pledged as collateral at June 30, 2022 and 2021 totaled \$175,264 and \$141,584, respectively. At June 30, 2022 and 2021, interest rates on Plan loans ranged from 1% to 3.25% and 1% to 4%, respectively.

10. *Subsequent Events*

The Plan has evaluated subsequent events through April 12, 2022, which is the date the financial statements were available to be issued. No material subsequent events have occurred since June 30, 2022 that require recognition or disclosure in these financial statements.

SUPPLEMENTAL SCHEDULE

403(B) Thrift Plan of Way Finders, Inc.
 EIN 04-2518368 – Plan #001
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
 June 30, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Cash	Interest Bearing Cash	\$ -	\$ 47,905
	<i>Variable Annuity Contracts</i>			
*	The Variable Annuity Life Insurance Company	Aggressive Growth Lifestyle	**	4,477
*	The Variable Annuity Life Insurance Company	Ariel Appreciation Fund	**	3,703
*	The Variable Annuity Life Insurance Company	Ariel Fund	**	4,985
*	The Variable Annuity Life Insurance Company	Blue Chip Growth Fund	**	266
*	The Variable Annuity Life Insurance Company	Core Bond Fund	**	3,305
*	The Variable Annuity Life Insurance Company	Dividend Value	**	297
*	The Variable Annuity Life Insurance Company	Emerging Economies	**	4,403
*	The Variable Annuity Life Insurance Company	Global Real Estate Fund	**	1,123
*	The Variable Annuity Life Insurance Company	Global Strategy	**	5,523
*	The Variable Annuity Life Insurance Company	Government Securities Fund	**	45
*	The Variable Annuity Life Insurance Company	Growth Fund	**	3,372
*	The Variable Annuity Life Insurance Company	GS VIT Gov Money Mkt FD Inst	**	27,363
*	The Variable Annuity Life Insurance Company	High Yield Bond Fund	**	1,663
*	The Variable Annuity Life Insurance Company	Inflation Protected Fund	**	2,043
*	The Variable Annuity Life Insurance Company	International Growth Fund	**	9,023
*	The Variable Annuity Life Insurance Company	International Value Fund	**	3,017
*	The Variable Annuity Life Insurance Company	Internatl Equities Index Fund	**	6,314
*	The Variable Annuity Life Insurance Company	Intl Opportunities	**	2,527
*	The Variable Annuity Life Insurance Company	Intl Socially Responsible Fund	**	2,379
*	The Variable Annuity Life Insurance Company	Large Capital Growth	**	1,982
*	The Variable Annuity Life Insurance Company	Mid Cap Index Fund	**	31,291
*	The Variable Annuity Life Insurance Company	Mid Cap Strategic Growth	**	3,914
*	The Variable Annuity Life Insurance Company	Mid Cap Value Fund	**	21,671
*	The Variable Annuity Life Insurance Company	Moderate Growth Lifestyle	**	62,913
*	The Variable Annuity Life Insurance Company	Nasdaq-100(R) Index Fund	**	4,727
*	The Variable Annuity Life Insurance Company	Science & Technology Fund	**	32,190
*	The Variable Annuity Life Insurance Company	Small Cap Growth Fund	**	1,332
*	The Variable Annuity Life Insurance Company	Small Cap Index Fund	**	26,082
*	The Variable Annuity Life Insurance Company	Small Cap Special Value Fund	**	4,442
*	The Variable Annuity Life Insurance Company	Small Cap Value Fund	**	2,076
*	The Variable Annuity Life Insurance Company	Stock Index Fund	**	56,546
*	The Variable Annuity Life Insurance Company	Systematic Core Fund	**	37
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirmnt 2030 Adv	**	3,989
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirmnt 2040 Adv	**	1,904
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirmnt 2045 Adv	**	3,082
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirmnt 2050 Adv	**	1,258
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirmnt 2055 Adv	**	1,797
*	The Variable Annuity Life Insurance Company	Us Socially Responsible Fund	**	4,901
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Growth	**	5,271
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Modera	**	2,558
*	The Variable Annuity Life Insurance Company	Vanguard Windsor II	**	19,141
*	The Variable Annuity Life Insurance Company	VC I Conserv Growth Lifestyle	**	965
	Total variable annuity contracts			<u>379,897</u>

403(B) Thrift Plan of Way Finders, Inc.

EIN 04-2518368 – Plan #001

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

June 30, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<i>Mutual Funds</i>				
*	Mutual of America	Mutual of America Aggressive Allocation Fund	**	279,984
*	Mutual of America	Mutual of America Conservative Allocation Fund	**	417,063
*	Mutual of America	Mutual of America Moderate Allocation Fund	**	495,767
*	Mutual of America	Mutual of America Bond Fund	**	56,673
	T. Rowe Price	T. Rowe Price Blue Chip Growth Portfolio	**	58,674
*	Mutual of America	Mutual of America Composite Fund	**	1,810
	Calvert	Calvert VP SRI Balanced Portfolio	**	10,433
	Delaware Funds by Macquarie	Delaware VIP® Small Cap Value Series	**	1,179
*	Mutual of America	Mutual of America Equity Index Fund	**	763,792
	Fidelity Investments	Fidelity® VIP Mid Cap Portfolio	**	21,786
	Fidelity Investments	Fidelity® VIP Asset Manager Portfolio	**	9,884
	Fidelity Investments	Fidelity® VIP Contrafund® Portfolio	**	152,056
	Fidelity Investments	Fidelity® VIP Equity-Income Portfolio	**	75,142
	Goldman Sachs	Goldman Sachs VIT US Equity Insights Fund	**	1,054
	Goldman Sachs	Goldman Sachs VIT Small Cap Equity Insights Fund	**	1,844
	American Funds	American Funds Insurance Series® New World Fund®	**	19
*	Mutual of America	Mutual of America Money Market Fund	**	22,066
*	Mutual of America	Mutual of America Mid-Term Bond Fund	**	24,095
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund	**	50,207
	MFS Investment Management	MFS® VIT III Mid Cap Value Portfolio	**	70,448
*	Mutual of America	Mutual of America Mid Cap Value Fund	**	17,671
	Neuberger Berman	Neuberger Berman AMT Sustainable Equity Portfolio	**	307
*	Mutual of America	Mutual of America International Fund	**	8,013
	Invesco	Invesco Oppenheimer V.I. Main Street Fund®	**	15,276
*	Mutual of America	Mutual of America 2015 Retirement Fund	**	196,260
*	Mutual of America	Mutual of America 2020 Retirement Fund	**	881,788
*	Mutual of America	Mutual of America 2025 Retirement Fund	**	518,631
*	Mutual of America	Mutual of America 2030 Retirement Fund	**	1,143,650
*	Mutual of America	Mutual of America 2035 Retirement Fund	**	622,359
*	Mutual of America	Mutual of America 2040 Retirement Fund	**	528,444
*	Mutual of America	Mutual of America 2045 Retirement Fund	**	545,352
*	Mutual of America	Mutual of America 2050 Retirement Fund	**	319,876
*	Mutual of America	Mutual of America 2055 Retirement Fund	**	86,102
*	Mutual of America	Mutual of America 2060 Retirement Fund	**	72,372
*	Mutual of America	Mutual of America 2065 Retirement Fund	**	10,888
*	Mutual of America	Mutual of America Retirement Income Fund	**	25,599
	Vanguard	Vanguard VIF Real Estate Index Portfolio	**	14,762
	PIMCO	PIMCO VIT Real Return Portfolio	**	260
	Victory Capital	Victory RS Small Cap Growth Equity VIP Series	**	31
*	Mutual of America	Mutual of America All America Fund	**	6,390
*	Mutual of America	Mutual of America Small Cap Equity Index Fund	**	16,275
	DWS Investment Trust	DWS Capital Growth VIP	**	23,580
*	Mutual of America	Mutual of America Small Cap Growth Fund	**	7,168
*	Mutual of America	Mutual of America Small Cap Value Fund	**	21,053
	American Century Investments	American Century Investments® VP Capital Appreciation Fund	**	4,805
	Vanguard	Vanguard VIF Diversified Value Portfolio	**	18,714
	Vanguard	Vanguard VIF International Portfolio	**	38,298
	Vanguard	Vanguard VIF Total Bond Market Index Portfolio	**	51,440
Total mutual funds				<u>7,709,340</u>

403(B) Thrift Plan of Way Finders, Inc.

EIN 04-2518368 – Plan #001

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

June 30, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<i>Guaranteed Interest Accounts</i>				
*	Mutual of America Investment Corporation	Interest Accumulation Account	**	563,906
	Total guaranteed interest accounts			563,906
	Total investments at fair value			8,653,143
<i>Contract with Insurance Companies</i>				
*	The Variable Annuity Life Insurance Company	Fixed Account Plus	**	283,377
*	The Variable Annuity Life Insurance Company	Short Term Fixed Account	**	18,507
	Total contracts with insurance companies			301,884
	Total investments			\$ 9,002,932
*	Represents party-in-interest transactions			
**	Cost omitted for participant-directed investments			

403(B) Thrift Plan of Way Finders, Inc.
 EIN 04-2518368 – Plan #001
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
 June 30, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Cash	Interest Bearing Cash	\$ -	\$ 47,905
	<i>Variable Annuity Contracts</i>			
*	The Variable Annuity Life Insurance Company	Aggressive Growth Lifestyle	**	4,477
*	The Variable Annuity Life Insurance Company	Ariel Appreciation Fund	**	3,703
*	The Variable Annuity Life Insurance Company	Ariel Fund	**	4,985
*	The Variable Annuity Life Insurance Company	Blue Chip Growth Fund	**	266
*	The Variable Annuity Life Insurance Company	Core Bond Fund	**	3,305
*	The Variable Annuity Life Insurance Company	Dividend Value	**	297
*	The Variable Annuity Life Insurance Company	Emerging Economies	**	4,403
*	The Variable Annuity Life Insurance Company	Global Real Estate Fund	**	1,123
*	The Variable Annuity Life Insurance Company	Global Strategy	**	5,523
*	The Variable Annuity Life Insurance Company	Government Securities Fund	**	45
*	The Variable Annuity Life Insurance Company	Growth Fund	**	3,372
*	The Variable Annuity Life Insurance Company	GS VIT Gov Money Mkt FD Inst	**	27,363
*	The Variable Annuity Life Insurance Company	High Yield Bond Fund	**	1,663
*	The Variable Annuity Life Insurance Company	Inflation Protected Fund	**	2,043
*	The Variable Annuity Life Insurance Company	International Growth Fund	**	9,023
*	The Variable Annuity Life Insurance Company	International Value Fund	**	3,017
*	The Variable Annuity Life Insurance Company	Internatl Equities Index Fund	**	6,314
*	The Variable Annuity Life Insurance Company	Intl Opportunities	**	2,527
*	The Variable Annuity Life Insurance Company	Intl Socially Responsible Fund	**	2,379
*	The Variable Annuity Life Insurance Company	Large Capital Growth	**	1,982
*	The Variable Annuity Life Insurance Company	Mid Cap Index Fund	**	31,291
*	The Variable Annuity Life Insurance Company	Mid Cap Strategic Growth	**	3,914
*	The Variable Annuity Life Insurance Company	Mid Cap Value Fund	**	21,671
*	The Variable Annuity Life Insurance Company	Moderate Growth Lifestyle	**	62,913
*	The Variable Annuity Life Insurance Company	Nasdaq-100(R) Index Fund	**	4,727
*	The Variable Annuity Life Insurance Company	Science & Technology Fund	**	32,190
*	The Variable Annuity Life Insurance Company	Small Cap Growth Fund	**	1,332
*	The Variable Annuity Life Insurance Company	Small Cap Index Fund	**	26,082
*	The Variable Annuity Life Insurance Company	Small Cap Special Value Fund	**	4,442
*	The Variable Annuity Life Insurance Company	Small Cap Value Fund	**	2,076
*	The Variable Annuity Life Insurance Company	Stock Index Fund	**	56,546
*	The Variable Annuity Life Insurance Company	Systematic Core Fund	**	37
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirmnt 2030 Adv	**	3,989
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirmnt 2040 Adv	**	1,904
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirmnt 2045 Adv	**	3,082
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirmnt 2050 Adv	**	1,258
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirmnt 2055 Adv	**	1,797
*	The Variable Annuity Life Insurance Company	Us Socially Responsible Fund	**	4,901
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Growth	**	5,271
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Modera	**	2,558
*	The Variable Annuity Life Insurance Company	Vanguard Windsor II	**	19,141
*	The Variable Annuity Life Insurance Company	VC I Conserv Growth Lifestyle	**	965
	Total variable annuity contracts			379,897

403(B) Thrift Plan of Way Finders, Inc.

EIN 04-2518368 – Plan #001

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

June 30, 2022

<i>(a)</i>	<i>(b) Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</i>	<i>(d) Cost</i>	<i>(e) Current Value</i>
<i>Mutual Funds</i>				
*	Mutual of America	Mutual of America Aggressive Allocation Fund	**	279,984
*	Mutual of America	Mutual of America Conservative Allocation Fund	**	417,063
*	Mutual of America	Mutual of America Moderate Allocation Fund	**	495,767
*	Mutual of America	Mutual of America Bond Fund	**	56,673
	T. Rowe Price	T. Rowe Price Blue Chip Growth Portfolio	**	58,674
*	Mutual of America	Mutual of America Composite Fund	**	1,810
	Calvert	Calvert VP SRI Balanced Portfolio	**	10,433
	Delaware Funds by Macquarie	Delaware VIP® Small Cap Value Series	**	1,179
*	Mutual of America	Mutual of America Equity Index Fund	**	763,792
	Fidelity Investments	Fidelity® VIP Mid Cap Portfolio	**	21,786
	Fidelity Investments	Fidelity® VIP Asset Manager Portfolio	**	9,884
	Fidelity Investments	Fidelity® VIP Contrafund® Portfolio	**	152,056
	Fidelity Investments	Fidelity® VIP Equity-Income Portfolio	**	75,142
	Goldman Sachs	Goldman Sachs VIT US Equity Insights Fund	**	1,054
	Goldman Sachs	Goldman Sachs VIT Small Cap Equity Insights Fund	**	1,844
	American Funds	American Funds Insurance Series® New World Fund®	**	19
*	Mutual of America	Mutual of America Money Market Fund	**	22,066
*	Mutual of America	Mutual of America Mid-Term Bond Fund	**	24,095
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund	**	50,207
	MFS Investment Management	MFS® VIT III Mid Cap Value Portfolio	**	70,448
*	Mutual of America	Mutual of America Mid Cap Value Fund	**	17,671
	Neuberger Berman	Neuberger Berman AMT Sustainable Equity Portfolio	**	307
*	Mutual of America	Mutual of America International Fund	**	8,013
	Invesco	Invesco Oppenheimer V.I. Main Street Fund®	**	15,276
*	Mutual of America	Mutual of America 2015 Retirement Fund	**	196,260
*	Mutual of America	Mutual of America 2020 Retirement Fund	**	881,788
*	Mutual of America	Mutual of America 2025 Retirement Fund	**	518,631
*	Mutual of America	Mutual of America 2030 Retirement Fund	**	1,143,650
*	Mutual of America	Mutual of America 2035 Retirement Fund	**	622,359
*	Mutual of America	Mutual of America 2040 Retirement Fund	**	528,444
*	Mutual of America	Mutual of America 2045 Retirement Fund	**	545,352
*	Mutual of America	Mutual of America 2050 Retirement Fund	**	319,876
*	Mutual of America	Mutual of America 2055 Retirement Fund	**	86,102
*	Mutual of America	Mutual of America 2060 Retirement Fund	**	72,372
*	Mutual of America	Mutual of America 2065 Retirement Fund	**	10,888
*	Mutual of America	Mutual of America Retirement Income Fund	**	25,599
	Vanguard	Vanguard VIF Real Estate Index Portfolio	**	14,762
	PIMCO	PIMCO VIT Real Return Portfolio	**	260
	Victory Capital	Victory RS Small Cap Growth Equity VIP Series	**	31
*	Mutual of America	Mutual of America All America Fund	**	6,390
*	Mutual of America	Mutual of America Small Cap Equity Index Fund	**	16,275
	DWS Investment Trust	DWS Capital Growth VIP	**	23,580
*	Mutual of America	Mutual of America Small Cap Growth Fund	**	7,168
*	Mutual of America	Mutual of America Small Cap Value Fund	**	21,053
	American Century Investments	American Century Investments® VP Capital Appreciation Fund	**	4,805
	Vanguard	Vanguard VIF Diversified Value Portfolio	**	18,714
	Vanguard	Vanguard VIF International Portfolio	**	38,298
	Vanguard	Vanguard VIF Total Bond Market Index Portfolio	**	51,440
Total mutual funds				<u>7,709,340</u>

403(B) Thrift Plan of Way Finders, Inc.

EIN 04-2518368 – Plan #001

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

June 30, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<i>Guaranteed Interest Accounts</i>				
*	Mutual of America Investment Corporation	Interest Accumulation Account	**	563,906
	Total guaranteed interest accounts			563,906
	Total investments at fair value			8,653,143
<i>Contract with Insurance Companies</i>				
*	The Variable Annuity Life Insurance Company	Fixed Account Plus	**	283,377
*	The Variable Annuity Life Insurance Company	Short Term Fixed Account	**	18,507
	Total contracts with insurance companies			301,884
	Total investments			\$ 9,002,932
*	Represents party-in-interest transactions			
**	Cost omitted for participant-directed investments			