

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2022</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input checked="" type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information	
1a Name of plan <u>403B THRIFT PLAN FOR EMPLOYEES OF THE NC HOUSING COALITION</u>	1b Three-digit plan number (PN) ▶	<u>002</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>NC HOUSING COALITION</u> <u>3608 UNIVERSITY DR STE 203</u> <u>DURHAM, NC 27707-6260</u>	1c Effective date of plan <u>01/01/2022</u>	2b Employer Identification Number (EIN) <u>58-1798953</u>
<u>3608 UNIVERSITY DR STE 203</u> <u>DURHAM, NC 27707-6260</u>	<u>3608 UNIVERSITY DR STE 203</u> <u>DURHAM, NC 27707-6260</u>	2c Plan Sponsor's telephone number <u>919-881-0707</u>
		2d Business code (see instructions) <u>813000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/30/2023	SAMUEL GUNTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/30/2023	SAMUEL GUNTER
	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 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																		
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																		
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">8</td> </tr> </table>	5	8																
5	8																		
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="text-align: right;">7</td> </tr> <tr> <td style="width:10%; text-align: center;">6a(2)</td> <td style="text-align: right;">11</td> </tr> <tr> <td style="width:10%; text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;">6c</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="width:10%; text-align: center;">6d</td> <td style="text-align: right;">12</td> </tr> <tr> <td style="width:10%; text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;">6f</td> <td style="text-align: right;">12</td> </tr> <tr> <td style="width:10%; text-align: center;">6g</td> <td style="text-align: right;">12</td> </tr> <tr> <td style="width:10%; text-align: center;">6h</td> <td style="text-align: right;">1</td> </tr> </table>	6a(1)	7	6a(2)	11	6b	0	6c	1	6d	12	6e	0	6f	12	6g	12	6h	1
6a(1)	7																		
6a(2)	11																		
6b	0																		
6c	1																		
6d	12																		
6e	0																		
6f	12																		
6g	12																		
6h	1																		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">8</td> </tr> </table>	7	8																
7	8																		
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

PARTICIPANT COUNTS - MAIN FORM, PART II

5	TOTAL NUMBER OF PARTICIPANTS AT BEGINNING OF PLAN YEAR	5	8
6 A(1)	ACTIVE PARTICIPANTS AT BEGINNING OF PLAN YEAR.	6 A(1)	7
A(2)	ACTIVE PARTICIPANTS AT END OF PLAN YEAR.	6 A(2)	11
B	RETIRED OR SEPARATED PARTICIPANTS RECEIVING BENEFITS.	6 B	0
C	RETIRED OR SEPARATED PARTICIPANTS ENTITLED TO FUTURE BENEFITS . . .	6 C	1
D	SUBTOTAL {6A(2), 6B AND 6C}	6 D	12
E	DECEASED PARTICIPANTS WHOSE BENEFICIARIES ARE RECEIVING OR ARE ENTITLED TO RECEIVE BENEFITS	6 E	0
F	TOTAL {6D AND 6E}	6 F	12
G	NUMBER OF PARTICIPANTS WITH ACCOUNT BALANCES AT END OF PLAN YEAR .	6 G	12
H	NUMBER OF PARTICIPANTS THAT TERMINATED EMPLOYMENT DURING THE PLAN YEAR WITH ACCRUED BENEFITS THAT WERE LESS THAN 100% VESTED	6 H	1

PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

PLAN ASSET INFORMATION - SCHEDULE H, PART I
 BEGINNING OF YEAR END OF YEAR

1B (1) RECEIVABLES: EMPLOYER CONTRIBUTIONS.		
. 1 B(1)	0	0
1B (2) RECEIVABLES: PARTICIPANT CONTRIBUTIONS		
. 1 B(2)	0	0
1C (1) INTEREST BEARING CASH (INCLUDING MONEY MARKET FUNDS AND CDS)		
. 1C (1)	0	0
1C (2) US GOVERNMENT SECURITIES		
. 1C (2)	0	0
1C (3A) CORPORATE DEBT INSTRUMENTS: PREFERRED.		
. 1C (3A)	0	0
1C (3B) CORPORATE DEBT INSTRUMENTS: ALL OTHER.		
. 1C (3B)	0	0
1C (4A) CORPORATE STOCKS: PREFERRED.		
. 1C (4A)	0	0
1C (4B) CORPORATE STOCKS: COMMON		
. 1C (4B)	0	0
1C (5) PARTNERSHIP/JOINT VENTURE INTERESTS.		
. 1C (5)	0	0
1C (6) REAL ESTATE (OTHER THAN EMPLOYER REAL PROPERTY		
. 1C (6)	0	0
1C (7) LOANS (OTHER THAN TO PARTICIPANTS)		
. 1C (7)	0	0
1C (8) PARTICIPANT LOANS.		
. 1C (8)	0	0
1C (9) VALUE OF INTEREST IN COMMON / COLLECTIVE TRUSTS.		
. 1C (9)	0	0
1C (10) VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS.		
. 1C (10)	73,289	103,642
1C (11) VALUE OF INTEREST IN MASTER TRUSTS		
. 1C (11)	0	0
1C (12) VALUE OF INTEREST 103-12 INVESTMENT ENTITIES		
. 1C (12)	0	0
1C (13) VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES		
. 1C (13)	0	0

1C (14) VALUE OF FUNDS HELD IN INSURANCE COMPANY GENERAL ACCOUNT
 (UNALLOCATED CONTRACTS) . 1C (14) 613 394

1C (15) OTHER. 0 0
 1C (15)

TOTAL EXCLUDED FROM 5500 REPORT 0 0

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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
 Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

SELECTED INCOME AND EXPENSES - SCHEDULE H, PART II

2A CONTRIBUTIONS

2A (1A) RECEIVED OR RECEIVABLE FROM EMPLOYERS. 31,147
 2A (1A)
 2A (1B) RECEIVED OR RECEIVABLE FROM EMPLOYEES. 17,978
 2A (1B)
 2A (1C) RECEIVED OR RECEIVABLE FROM OTHERS 0
 2A (1C)

2B EARNING ON INVESTMENTS

2B (1A) INTEREST: INTEREST BEARING CASH (INCLUDING MONEY MARKET FUNDS
 AND CD). 2B (1A) 0
 2B (1B) INTEREST: U. S. GOVERNMENT SECURITIES. 0
 2B (1B)
 2B (1C) INTEREST: CORPORATE DEBT INSTRUMENTS 0
 2B (1C)
 2B (1D) INTEREST: LOANS (OTHER THAN TO PARTICIPANTS) 0
 2B (1D)
 2B (1E) INTEREST: PARTICIPANT LOANS. 0
 2B (1E)
 2B (1F) INTEREST: OTHER. 2
 2B (1F)
 2B (1G) TOTAL INTEREST. ADD LINES 2B(1) (A) THROUGH (F). 2
 2B (1G)

 2B (2A) DIVIDENDS: PREFERRED STOCK 0
 2B (2A)
 2B (2B) DIVIDENDS: COMMON STOCK. 0
 2B (2B)
 2B (2C) DIVIDENDS: REGISTERED INVESTMENT COMPANY SHARES (E.G. MUTUAL
 FUNDS). 2B (2C) 0

2B (2D) TOTAL DIVIDENDS. ADD LINES 2B(2) (A) THROUGH (C)	2B (2D)	0
2B (4) NET GAIN (LOSS) ON SALE OF ASSETS		
2B (4A) AGGREGATE PROCEEDS	2B (4A)	0
2B (4B) AGGREGATE CARRYING AMOUNT.	2B (4B)	0
2B (4C) NET GAIN (LOSS).	2B (4C)	0
2B (5B) UNREALIZED APPRECIATION OTHER.	2B (5B)	0
2B (6) NET INVESTMENT GAIN (LOSS) FROM COMMON / COLLECTIVE TRUSTS	2B (6)	0
2B (7) NET INVESTMENT GAIN (LOSS) FROM POOLED SEPARATE ACCOUNTS	2B (7)	15,267-
2B (8) NET INVESTMENT GAIN (LOSS) FROM MASTER TRUSTS.	2B (8)	0
2B (9) NET INVESTMENT GAIN (LOSS) FROM 103-12 INVESTMENT ENTITIES	2B (9)	0
2B (10) NET INVESTMENT GAIN (LOSS) FROM REGISTERED INVESTMENT COMPANIES.	2B (10)	0
2C OTHER INCOME	2C	0
2E (1) BENEFIT PAYMENTS: DIRECTLY TO PARTICIPANTS OR BENEFICIARIES.	2E (1)	1,571
2E (2) BENEFIT PAYMENTS: TO INSURANCE CARRIERS FOR THE PROVISION OF BENEFITS.	2E (2)	0
2F CORRECTIVE DISTRIBUTIONS	2F	0
2G CERTAIN DEEMED DISTRIBUTIONS OF PARTICIPANT LOANS.	2G	0
2I (4) OTHER FEES	2I (4)	58

PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

2L (1) TRANSFER OF ASSETS TO THIS PLAN. 2L (1) 0
 2L (1) 0
 2L (2) TRANSFER OF ASSETS FROM THIS PLAN. 2L (2) 0
 2L (2) 0
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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
 Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

SMALL PLAN FINANCIAL INFORMATION - SCHEDULE I, PART I
 BEGINNING OF YEAR END OF YEAR

1 A	TOTAL PLAN ASSETS		
. . . . .	.1 A	73,902	104,036
2 A(1)	EMPLOYERS.		
. . . . .	.2 A(1)		31,147
2 A(2)	PARTICIPANTS		
. . . . .	.2 A(2)		17,978
2 A(3)	OTHERS (INCLUDING ROLLOVERS)		
. . . . .	.2 A(3)		0
2 C	OTHER INCOME.		
. . . . .	.2 C		15,266-
2 E	BENEFITS PAID (INCLUDING DIRECT ROLLOVERS)		
. . . . .	.2 E		1,571
2 F	CORRECTIVE DISTRIBUTIONS		
. . . . .	.2 F		0
2 G	CERTAIN DEEMED DISTRIBUTIONS OF PARTICIPANT LOANS		
. . . . .	.2 G		0
2 H	OTHER EXPENSES.		
. . . . .	.2 H		58
2 K	NET TRANSFERS		
. . . . .	.2 K		0
3 E	PARTICIPANT LOANS		
. . . . .	.3 E		0
3 F	LOANS (OTHER THAN TO PARTICIPANT)		
. . . . .	.3 F		0

PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

SCHEDULE D: SELECTED DFE/PARTICIPATING PARTICIPATING PLAN INFORMATION

(A) NAME OF MTIA, CCT, PSA OR 103-12IE (B) NAME OF SPONSOR OF ENTITY (C)
EIN-PN (D) ENTITY CODE (E) DOLLAR VALUE OF INTEREST

-----			---
-----			---
American Century Investments			-
-	P	1,046	
VP Capital Appreciation Fund			
American Funds Insurance			-
-	P	0	
Series New World Fund			
Calvert VP SRI Balanced			-
-	P	8,098	
Portfolio			
DWS Capital Growth VIP			-
-	P	0	
Delaware VIP Small Cap Value			-
-	P	0	
Series			
Fidelity VIP Asset Manager			-
-	P	0	
Portfolio			
Fidelity VIP Contrafund			-
-	P	0	
Portfolio			
Fidelity VIP Equity-Income			-
-	P	6,105	
Portfolio			
Fidelity VIP Mid Cap Portfolio			-
-	P	0	
Goldman Sachs VIT US Equity			-
-	P	0	
Insights Fund			
Goldman Sachs VIT Small Cap			-
-	P	0	
Equity Insights Fund			
Invesco V.I. Main Street Fund			-
-	P	0	
MFS VIT III Mid Cap Value			-
-	P	225	
Portfolio			

Mutual of America All America			-
- P		0	
Fund			
Mutual of America Equity Index			-
- P		11,457	
Fund			
Mutual of America Mid-Cap			-
- P		1,654	
Equity Index Fund			
Mutual of America Mid Cap			-
- P		0	
Value Fund			
Mutual of America Small Cap			-
- P		572	
Growth Fund			
Mutual of America Small Cap			-
- P		218	
Equity Index Fund			
Mutual of America Small Cap			-
- P		0	
Value Fund			
Mutual of America Bond Fund			-
- P		0	
Mutual of America Mid-Term			-
- P		0	
Bond Fund			
Mutual of America Money Market			-
- P		0	
Fund			
Mutual of America			-
- P		0	
International Fund			
Mutual of America Aggressive			-
- P		0	
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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
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ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

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SCHEDULE D: SELECTED DFE/PARTICIPATING PARTICIPATING PLAN INFORMATION

(A) NAME OF MTIA, CCT, PSA OR 103-12IE (B) NAME OF SPONSOR OF ENTITY (C)
EIN-PN (D) ENTITY CODE (E) DOLLAR VALUE OF INTEREST

Allocation Fund			
Mutual of America Composite			-
- P		0	

Fund			
Mutual of America Conservative			-
- P	0		
Allocation Fund			
Mutual of America Moderate			-
- P	0		
Allocation Fund			
Mutual of America Retirement			-
- P	0		
Income Fund			
Mutual of America 2010			-
- P	0		
Retirement Fund			
Mutual of America 2015			-
- P	0		
Retirement Fund			
Mutual of America 2020			-
- P	0		
Retirement Fund			
Mutual of America 2025			-
- P	0		
Retirement Fund			
Mutual of America 2030			-
- P	0		
Retirement Fund			
Mutual of America 2035			-
- P	0		
Retirement Fund			
Mutual of America 2040			-
- P	0		
Retirement Fund			
Mutual of America 2045			-
- P	15,137		
Retirement Fund			
Mutual of America 2050			-
- P	8,705		
Retirement Fund			
Mutual of America 2055			-
- P	15,273		
Retirement Fund			
Mutual of America 2060			-
- P	13,612		
Retirement Fund			
Mutual of America 2065			-
- P	0		
Retirement Fund			
Neuberger Berman AMT			-
- P	0		
Sustainable Equity Portfolio			
PIMCO VIT Real Return			-
- P	4,726		
Portfolio			
T. Rowe Price Blue Chip Growth			-
- P	5,762		

Portfolio
Vanguard VIF Diversified Value -
- P 7,481
Portfolio
Vanguard VIF International -
- P 2,494
Portfolio
Vanguard VIF Real Estate Index -
- P 1,079
Portfolio
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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
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ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

SCHEDULE D: SELECTED DFE/PARTICIPATING PARTICIPATING PLAN INFORMATION

(A) NAME OF MTIA, CCT, PSA OR 103-12IE (B) NAME OF SPONSOR OF ENTITY (C)
EIN-PN (D) ENTITY CODE (E) DOLLAR VALUE OF INTEREST

Vanguard VIF Total Bond Market -
- P 0
Index Portfolio
Victory RS Small Cap Growth -
- P 0
Equity VIP Series
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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
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ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

SCHEDULE R: DISTRIBUTIONS INFORMATION

EIN(S) OF PAYOR(S) WHO PAID BENEFITS ON BEHALF OF THE PLAN

EIN - PAYOR 1:
EIN - PAYOR 2:

NUMBER OF PARTICIPANTS WHOSE BENEFITS WERE DISTRIBUTED IN A SINGLE SUM:
000001

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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
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ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

PLAN #: 001 58-1798953

PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END
OF YEAR)

(D)	(B)	(E)	(C)
IDENTITY OF ISSUE		CURRENT VALUE	DESCRIPTION OF INVESTMENT
COST			
American Century Investments			VALUE OF INTEREST IN POOLED SEPARATE
ACCOUNTS		1,379	1,046
VP Capital Appreciation Fund			
Calvert VP SRI Balanced			VALUE OF INTEREST IN POOLED SEPARATE
ACCOUNTS		8,162	8,098
Portfolio			
Fidelity VIP Equity-Income			VALUE OF INTEREST IN POOLED SEPARATE
ACCOUNTS		4,992	6,105
Portfolio			
MFS VIT III Mid Cap Value			VALUE OF INTEREST IN POOLED SEPARATE
ACCOUNTS		223	225
Portfolio			
Mutual of America Interest			VALUE OF FUNDS HELD IN INSURANCE COMPANY
GENERAL ACCOUNT		394	394
Accumulation Account			
Mutual of America Equity Index			VALUE OF INTEREST IN POOLED SEPARATE
ACCOUNTS		12,031	11,457
Fund			
Mutual of America Mid-Cap			VALUE OF INTEREST IN POOLED SEPARATE
ACCOUNTS		1,750	1,654
Equity Index Fund			
Mutual of America Small Cap			VALUE OF INTEREST IN POOLED SEPARATE
ACCOUNTS		775	572
Growth Fund			
Mutual of America Small Cap			VALUE OF INTEREST IN POOLED SEPARATE
ACCOUNTS		223	218
Equity Index Fund			

Mutual of America 2045	VALUE OF INTEREST IN POOLED SEPARATE	
ACCOUNTS	15,438	15,137
Retirement Fund		
Mutual of America 2050	VALUE OF INTEREST IN POOLED SEPARATE	
ACCOUNTS	9,315	8,705
Retirement Fund		
Mutual of America 2055	VALUE OF INTEREST IN POOLED SEPARATE	
ACCOUNTS	15,981	15,273
Retirement Fund		
Mutual of America 2060	VALUE OF INTEREST IN POOLED SEPARATE	
ACCOUNTS	13,063	13,612
Retirement Fund		
PIMCO VIT Real Return	VALUE OF INTEREST IN POOLED SEPARATE	
ACCOUNTS	4,993	4,726
Portfolio		
T. Rowe Price Blue Chip Growth	VALUE OF INTEREST IN POOLED SEPARATE	
ACCOUNTS	7,914	5,762
Portfolio		
Vanguard VIF Diversified Value	VALUE OF INTEREST IN POOLED SEPARATE	
ACCOUNTS	8,069	7,481
Portfolio		
Vanguard VIF International	VALUE OF INTEREST IN POOLED SEPARATE	
ACCOUNTS	3,103	2,494
Portfolio		
Vanguard VIF Real Estate Index	VALUE OF INTEREST IN POOLED SEPARATE	
ACCOUNTS	1,361	1,079
Portfolio		
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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

ACTIVE PARTICIPANTS INCLUDED IN COUNTS FOR LINE 6A(1)

PARTICIPANT ID	NAME	STATUS	TERM	DATE
BEN CD PLAN ENTRY				
-**-*	Griffin, Jessica	00		
05/20/2021				
-**-*	Spinner, Adrienne	00		
10/06/2020				
-**-*	MacLeod, Nicholas H	00		
11/23/2020				
-**-*	Gunter, Samuel	00		
07/11/2019				

-**-**
 07/11/2019 Solomon, Haley E 00
 -**-**
 07/11/2019 Darden, Stacie 00
 -**-**
 01/28/2021 Bailey, Tara 00

NUMBER OF PARTICIPANTS INCLUDED IN THIS GROUP ... 7
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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
 Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

ACTIVE PARTICIPANTS INCLUDED IN COUNTS FOR LINE 6A(2)

PARTICIPANT ID	NAME	STATUS	TERM DATE
BEN CD PLAN ENTRY			
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-**-**	Griffin, Jessica	00	
05/20/2021			
-**-**	McNeill, Jessika	00	
05/23/2022			
-**-**	Spinner, Adrienne	00	
10/01/2020			
-**-**	MacLeod, Nicholas H	00	
11/16/2020			
-**-**	Gunter, Samuel	00	
08/31/2015			
-**-**	Solomon, Haley E	00	
02/06/2019			
-**-**	Patterson, Anna	00	
01/16/2022			
-**-**	Fillers, Hunter	00	
03/21/2022			
-**-**	Darden, Stacie	00	
08/01/2011			
-**-**	Watkins Cruz, Stephanie	00	
08/24/2022			
-**-**	Rubenstein, Alexander	00	
02/28/2022			

NUMBER OF PARTICIPANTS INCLUDED IN THIS GROUP ... 11
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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

PARTICIPANTS INCLUDED IN COUNT FOR BEGINNING OF YEAR TOTAL (LINE 5)

PARTICIPANT ID BEN CD PLAN ENTRY	NAME	STATUS	TERM DATE
-**-** 05/20/2021	Griffin, Jessica	00	
-**-** 06/20/2019	Atwood, Pamela	30	09/24/2021
-**-** 10/01/2020	Spinner, Adrienne	00	
-**-** 11/16/2020	MacLeod, Nicholas H	00	
-**-** 08/31/2015	Gunter, Samuel	00	
-**-** 02/06/2019	Solomon, Haley E	00	
-**-** 08/01/2011	Darden, Stacie	00	
-**-** 01/16/2021	Bailey, Tara	31	04/22/2022

NUMBER OF PARTICIPANTS INCLUDED IN THIS GROUP ... 8
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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

PARTICIPANTS INCLUDED IN COUNTS FOR LINE 6C - SEPARATED ENTITLED TO
RECEIVE BENEFITS

PARTICIPANT ID BEN CD PLAN ENTRY	NAME	STATUS	TERM DATE
-**-** 06/20/2019	Atwood, Pamela	30	09/24/2021

NUMBER OF PARTICIPANTS INCLUDED IN THIS GROUP ... 1
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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
 Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

PARTICIPANTS INCLUDED IN COUNTS FOR LINE 6G - PARTICIPANTS WITH A
 BALANCE

PARTICIPANT ID	NAME	STATUS	TERM DATE
BEN CD PLAN ENTRY			
-**-**	Griffin, Jessica	00	
05/20/2021			
-**-**	Atwood, Pamela	30	09/24/2021
06/20/2019			
-**-**	McNeill, Jessika	00	
05/23/2022			
-**-**	Spinner, Adrienne	00	
10/01/2020			
-**-**	MacLeod, Nicholas H	00	
11/16/2020			
-**-**	Gunter, Samuel	00	
08/31/2015			
-**-**	Solomon, Haley E	00	
02/06/2019			
-**-**	Patterson, Anna	00	
01/16/2022			
-**-**	Fillers, Hunter	00	
03/21/2022			
-**-**	Darden, Stacie	00	
08/01/2011			
-**-**	Watkins Cruz, Stephanie	00	
08/24/2022			
-**-**	Rubenstein, Alexander	00	
02/28/2022			

NUMBER OF PARTICIPANTS INCLUDED IN THIS GROUP ... 12
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PLAN 9-12528 403(b) Thrift Plan for Employees of North Carolina
 Housing Coali

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20220101 20221231

PARTICIPANTS INCLUDED IN COUNTS FOR LINE 6H - RETIRED / SEPARATED NOT FULLY VESTED

PARTICIPANT ID	NAME	STATUS	TERM DATE
BEN CD PLAN ENTRY			
-**-* 01/16/2021	Bailey, Tara	31	04/22/2022

NUMBER OF PARTICIPANTS INCLUDED IN THIS GROUP ... 1
OOOOOO MM MM NN NN IIIIIII

OOOOOOOO	MMM	MMM	NNN	NN	IIIIIII
OO	OO	MMMMMMMM	NNNN	NN	II
OO	OO	MMMMMMMM	NN NN	NN	II
OO	OO	MM MM	MM NN	NNNN	II
OO	OO	MM	MM NN	NNN	II
OOOOOOOO	MM	MM	NN	NN	IIIIIII
OOOOOO	MM	MM	NN	N	IIIIIII

RELEASE V7.20.00

EMPLOYEE BENEFIT RECORD KEEPING SYSTEM - SUNGARD OMNI

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OO OO MMMMMMMM NN NN NN II
OO OO MM MM MM NN NNNN II
OO OO MM MM NN NNN II
OOOOOOOO MM MM NN NN IIIIIII
OOOOOO MM MM NN N IIIIIII

RELEASE V7.20.00

EMPLOYEE BENEFIT RECORD KEEPING SYSTEM - SUNGARD OMNI

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OO OO MMMMMMMM NNNN NN II
OO OO MMMMMMMM NN NN NN II
OO OO MM MM MM NN NNNN II
OO OO MM MM NN NNN II
OOOOOOOO MM MM NN NN IIIIIII
OOOOOO MM MM NN N IIIIIII

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RELEASE V7.20.00

EMPLOYEE BENEFIT RECORD KEEPING SYSTEM - SUNGARD OMNI

THESE REPORTS ARE FOR:

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