

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>09/01/2021</u> and ending <u>08/31/2022</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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>09/01/1982</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>09/01/1982</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>09/01/1982</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA</u> <u>123 WYOMING AVENUE</u> <u>3RD FLOOR</u> <u>SCRANTON, PA 18503</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>23-1649434</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>570-963-6836</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>813000</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>23-1649434</u>	2c	Plan Sponsor's telephone number <u>570-963-6836</u>	2d	Business code (see instructions) <u>813000</u>
2b	Employer Identification Number (EIN) <u>23-1649434</u>						
2c	Plan Sponsor's telephone number <u>570-963-6836</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.	06/15/2023	CARLOS ROCA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name SCRANTON LACKAWANNA HUMAN DEVELOPMENT AGENCY INC c Plan Name SCRANTON LACKAWANNA HUMAN DEVELOPMENT AGENCY INC 403B PLAN		4b EIN 23-1649434 4d PN 001
5 Total number of participants at the beginning of the plan year		5 292
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 215
a(2) Total number of active participants at the end of the plan year		6a(2) 214
b Retired or separated participants receiving benefits.....		6b 10
c Other retired or separated participants entitled to future benefits		6c 68
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 292
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 292
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 215
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2F 3D 2J 2K 2S 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022		
A Name of plan AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA	D Employer Identification Number (EIN) 23-1649434	

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

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY 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
06-1050034	93629	004481	128	09/01/2021	08/31/2022

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

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

(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	

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(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	8503511
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	816281

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 ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

b	Balance at the end of the previous year	7b	8840883
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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)	344897	
	(4) Transferred from separate account.....	7c(4)	263632	
	(5) Other (specify below).....	7c(5)	265476	

▶ **LOAN PAYMENTS**

(6) Total additions	7c(6)	874005
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	9714888
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1208771	
	(2) Administration charge made by carrier.....	7e(2)	2606	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below).....	7e(4)	0	

(5) Total deductions	7e(5)	1211377
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	8503511
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022		
A Name of plan AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA	D Employer Identification Number (EIN) 23-1649434	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS	333 SOUTH HOPE STREET LOS ANGELES, CA 90071-1406

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKROCK ADVISORS	100 BELLEVUE PARKWAY WILMINGTON, DE 19809

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CALVERT RESEARCH AND MANAGEMENT	1825 CONNECTICUT AVENUE NW SUITE 400 WASHINGTON, DC 20009

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DELAWARE FUNDS BY MACQUARIE	PO BOX 9876 PROVIDENCE, RI 02940

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

DODGE AND COX

555 CALIFORNIA STREET
40TH FLOOR
SAN FRANCISCO, CA 94104

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

MATC

330 POPLAR AVE, STE 103-E
PIERRE, SD 57501

(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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PRUDENTIAL RETIREMENT INSURANCE

06-1050034

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

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 49 57	RECORDKEEPER	11582	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

(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?
15 37 50 60 64	NONE	4250	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WILSHIRE ASSOCIATES INC.

1299 OCEAN AVENUE
SUITE 700
SANTA MONICA, CA 90401

(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?
31	FIDUCIARY ADVISOR	1565	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
PRUDENTIAL INSURANCE COMPANY OF AME	15 60 64	0
(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.	
PRUDENTIAL INVESTMENTS, LLC 22-3468527	27.00 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2021 TO 12/31/2021 PGIM JENN MID GROWTH A	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INSURANCE COMPANY OF AME	15 60 64	0
(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.	
PRUDENTIAL INVESTMENTS, LLC 22-3468527	27.00 BPS AND \$0.0 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2021 TO 12/31/2021 PGIM JENNISON FOC VAL-A	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INVESTMENTS, LLC	15 60 64	0
(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.	
PRUDENTIAL INVESTMENTS, LLC 22-3468527	27.00 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2021 TO 12/31/2021 PGIM JENNISON GRO A	

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
PRUDENTIAL INSURANCE COMPANY OF AME	15 60 64	0

(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.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	27.00 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2021 TO 12/31/2021 PGIM QNT SOL INTL EQ A

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan <u>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA</u>	D Employer Identification Number (EIN) <u>23-1649434</u>
---	--

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MED PSF PGIM TOT RET BD

b Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

c EIN-PN <u>22-1211670-083</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>111147</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF BLEND PORT

b Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

c EIN-PN <u>22-1211670-069</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>16734</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF GLOBAL PORT

b Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

c EIN-PN <u>22-1211670-071</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>35723</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF GOVT INC PORT

b Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

c EIN-PN <u>22-1211670-084</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>21450</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MED PSF PGIM FLIX MGD A

b Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

c EIN-PN <u>22-1211670-086</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>374385</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM 50/50

b Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

c EIN-PN <u>22-1211670-087</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>75953</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM GOV MM

b Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

c EIN-PN <u>22-1211670-025</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>1124</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF STOCK IDX PORT

b Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

c EIN-PN 22-1211670-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164200
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a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PRU CAP GRO VCA-10

b Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

c EIN-PN 22-1211670-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15565
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRU IFX TARGET BALANCED

b Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

c EIN-PN 06-1050034-768	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan <u>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN</u>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>001</u>		
B Three-digit plan number (PN) ►	<u>001</u>				
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA</u>	D Employer Identification Number (EIN) <u>23-1649434</u>				

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)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	54
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	28372	20565
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	2149216	816281
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3515617	4107245
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8840883	8503511
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	14534088 13447656
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	14534088 13447656

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	224864
	(B) Participants	2a(1)(B)	274442
	(C) Others (including rollovers).....	2a(1)(C)	1191
(2)	Noncash contributions.....	2a(2)	0
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	500497
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0
	(B) U.S. Government securities	2b(1)(B)	0
	(C) Corporate debt instruments	2b(1)(C)	0
	(D) Loans (other than to participants)	2b(1)(D)	0
	(E) Participant loans.....	2b(1)(E)	718
	(F) Other	2b(1)(F)	344897
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	345615
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	0
	(B) Common stock	2b(2)(B)	0
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	66665
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	66665
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	0
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-129170
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-611263
c Other income.....	2c		4144
d Total income. Add all income amounts in column (b) and enter total.....	2d		176488
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1236730	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1236730
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		4909
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)	21281	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		21281
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1262920
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1086432
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ROBERT ROSSI & CO

(2) EIN: 23-2385520

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		575000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA	D Employer Identification Number (EIN) 23-1649434

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): 13-3590259 22-1211670		
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
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

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 _____

**AGENCY FOR COMMUNITY EMPOWERMENT
OF NEPA 403(b) PLAN
INDEPENDENT AUDITORS' REPORT
AUGUST 31, 2022 and 2021**

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(b) PLAN
INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

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INDEPENDENT AUDITORS' REPORT

June 12, 2023

Plan Administrator of the
Agency for Community EmPOWERment of NEPA 403(b) Plan,
formerly Scranton Lackawanna Human Development Agency, Inc. 403(b) Plan

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

We have performed an audit of the accompanying financial statements of the Agency for Community EmPOWERment of NEPA 403(b) Plan, (formerly Scranton Lackawanna Human Development Agency, Inc. 403(b) 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 August 31, 2022, and the related statement of changes in net assets available for benefits for the year ended August 31, 2022, 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 Agency for Community EmPOWERment of NEPA 403(b) Plan, (formerly Scranton Lackawanna Human Development Agency, Inc. 403(b) Plan) financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended August 31, 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 Auditor's Responsibilities for the Audit of the Financial Statements section—

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Agency for Community EmPOWERment of NEPA 403(b) Plan, (formerly Scranton Lackawanna Human Development Agency, Inc. 403(b) 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Agency for Community EmPOWERment of NEPA 403(b) Plan's, (formerly Scranton Lackawanna Human Development Agency, Inc. 403(b) Plan) ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 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 are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in 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 to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Agency for Community EmPOWERment of NEPA 403(b) Plan's, (formerly Scranton Lackawanna Human Development Agency, Inc. 403(b) Plan) 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 Agency for Community EmPOWERment of NEPA 403(b) Plan's, (formerly Scranton Lackawanna Human Development Agency, Inc. 403(b) Plan) 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.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements 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 of Schedule of Assets (Held at End of Year) as of or for the year ended August 31 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 generally accepted auditing standards. 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by qualified institutions agree to or is derived from, in all material respects, the information prepared and certified by the institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



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INDEPENDENT AUDITORS' REPORT

June 12, 2023

Plan Administrator of the
Scranton Lackawanna Human Development Agency, Inc. 403(b) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Scranton Lackawanna Human Development Agency, Inc. 403(b) Plan which comprise the statements of net assets available for plan benefits as of August 31, 2021, and the related statements of changes in net assets available for plan 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the August 31, 2021 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter 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 5 and Note 6, which was certified by Prudential Trust Company and Prudential Insurance Company of America, the Insurance Company ("Prudential"), except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Prudential holds the Plan's investment assets and executes investment transactions.

Basis for Disclaimer of Opinion (Continued)

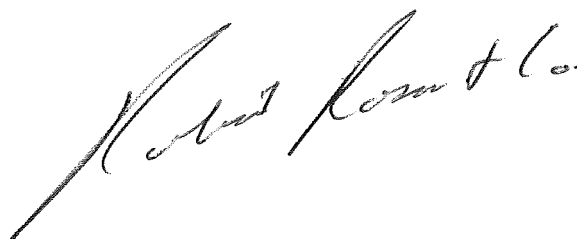
The plan administrator has obtained certifications from Prudential as of and for the year ended August 31, 2021, that the information provided to the plan administrator by Prudential is complete and accurate.

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 August 31, 2021, financial statements. Accordingly, we do not express an opinion on the August 31, 2021, financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the August 31, 2021, financial statements, other than that derived from the information certified by the Prudential, 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.

A handwritten signature in cursive script, reading "Robert Rosen & Co.", written in dark ink.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(b) PLAN
STATEMENTS OF NET ASSETS
AVAILABLE FOR PLAN BENEFITS

	AUGUST 31,	
	2022	2021
ASSETS:		
INVESTMENTS:		
Cash & Cash Equivalents	\$ 54	\$ 0
Investments at Fair Value	4,923,526	5,664,833
Investments at Contract Value	<u>8,503,511</u>	<u>8,840,883</u>
 TOTAL INVESTMENTS	 <u>\$ 13,427,091</u>	 <u>\$ 14,505,716</u>
RECEIVABLES:		
Contributions Receivable	\$ 4,198	\$ 0
Notes Receivable from Participants	<u>20,565</u>	<u>28,372</u>
 TOTAL RECEIVABLES	 <u>\$ 24,763</u>	 <u>\$ 28,372</u>
 TOTAL ASSETS	 <u>\$ 13,451,854</u>	 <u>\$ 14,534,088</u>
 NET ASSETS AVAILABLE FOR PLAN BENEFITS	 <u><u>\$ 13,451,854</u></u>	 <u><u>\$ 14,534,088</u></u>

"See accompanying notes and independent auditors' report.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(b) PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS

	FOR THE YEAR ENDED AUGUST 31,	
	2022	2021
ADDITIONS		
Contributions:		
Employers' Discretionary Contribution	\$ 224,864	\$ 217,975
Employers' Other Contribution	4,198	0
Participants' Contribution	274,442	257,136
Participants' Rollover Contribution	1,191	0
Other Income	4,144	2
Total Contributions	<u>\$ 508,839</u>	<u>\$ 475,113</u>
Investment Income:		
Interest Income	\$ 344,897	\$ 337,328
Dividend Income	66,665	19,063
Net Appreciation in Fair Value of Investments	(740,433)	1,076,219
Total Investment Income	<u>\$ (328,871)</u>	<u>\$ 1,432,610</u>
Interest Income-Participant Loans	<u>\$ 718</u>	<u>\$ 2,674</u>
TOTAL ADDITIONS	<u>\$ 180,686</u>	<u>\$ 1,910,397</u>
DEDUCTIONS		
Retirement Benefits	\$ 1,236,730	\$ 475,013
Deemed Distributions	4,909	6,042
Administrative Expense	<u>21,281</u>	<u>4,038</u>
TOTAL DEDUCTIONS	<u>\$ 1,262,920</u>	<u>\$ 485,093</u>
NET (DEDUCTIONS) ADDITIONS	\$ (1,082,234)	\$ 1,425,304
Net Assets Available for Plan Benefits, Beginning of Year	<u>14,534,088</u>	<u>13,108,784</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	<u>\$ 13,451,854</u>	<u>\$ 14,534,088</u>

"See accompanying notes and independent auditors' report.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 Description of the Plan

Effective September 1, 1982, the Scranton Lackawanna Human Development Agency, Inc. ("Sponsor"), a non-profit corporation organized and existing under the laws of the Commonwealth of Pennsylvania, adopted a retirement plan known as the Scranton Lackawanna Human Development Agency, Inc. 403(b) Plan ("Plan"). The Plan was amended and restated effective July 1, 2022, to change its name to Agency for Community EmPOWERment of NEPA 403(b) Plan ("Plan"). The Sponsor is the administrator of the Plan and determines the appropriateness of its Plan's investment offering, monitors investment performance and reviews with the Plan's insurance company. The Plan is a defined contribution plan under section 403(b) of the Internal Revenue Code which covers substantially all employees and provides for retirement, disability, and death benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law on March 27, 2020. The CARES Act provides coronavirus-related relief in several areas involving the Plan's administration which includes adopting the distribution and loan provisions of the Act. The Act allows participants to take COVID-19 related distribution up to \$100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020, suspension of the 2020 required minimum distributions, allowing participants to borrow up to the lesser of \$100,000 or 100% of their vested account balance for loans taken between March 27, 2020 and September 23, 2020, and suspended loan repayments due March 27, 2020 through December 31, 2020 for up to one year. The Plan has adopted these provisions and limited the COVID-19 related distribution to \$50,000.

On August 8, 2021, the Plan was amended to implement hardship distribution Provisions of the Bi Partisan Budget Act of 2018. This amendment is effective September 1, 2021.

Effective September 1, 2021 the Plan was amended and restated and an additional trustee and custodian, (Mid Atlantic Trust Company), new administrator and record keeper (Mutual of America Life Insurance Company) were appointed. Effective September 1, 2021, all contributions were remitted to Plan investments held by Mid Atlantic Trust Company.

The Plan provides that a participant may elect to defer a specific percentage of their annual compensation not to exceed \$ 19,500 effective January 1, 2020, and \$20,500 effective January 1, 2022. For participants ages 50 or older, the annual compensation adjusted annually for the cost-of-living changes is not to exceed \$26,000 effective January 1, 2020, and \$27,000 effective January 1, 2022. The Plan provides for both pre-tax and Roth deferrals. Participants may also contribute amounts representing distribution from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The September 1, 2021 Restatement added an Automatic Deferral provision, effective September 1, 2021, for new participants at a fixed percentage of 2%, unless the participant opts out. The sponsor's discretionary match is equal to 100% of the tax-deferred contributions made by the participant up to 7.0% of the participants eligible compensation. Effective September 1, 2018, the Plan would no longer apply limit(s) per plan year, removing "true-up" provisions. Each participant's account is credited with the participant's contribution, employer matching contribution, Plan earnings

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 Description of the Plan (Continued)

(losses), and charged with an allocation of applicable administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as applicable and defined. The benefit to which a participant is entitled is the benefit that can be provided from the participants vested account.

Participants are immediately 100% vested in employee contributions, employee rollover, and qualified nonelective contributions. In addition, participants are 100% vested in employer matching contributions prior to September 1, 2021. Effective September 1, 2021, attributable matching contributions are not 100% vested until 3 years of service.

Participants may borrow on their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 not to exceed 50% of participant's vested interest in their account balance. The loans are secured by the balance in the participant's account and bear an interest rate of prime plus 1%. Principal and interest is paid ratably by the participant directly to Prudential Trust Company through quarterly coupon payments. Effective September 1, 2021, the Plan no longer allows new participant loans.

On August 31, 2022 and 2021, forfeited non-vested accounts totaled \$200 and \$202, respectively. Forfeitures may be used to reduce Employer contributions to the Plan and may be used to pay Plan expenses. Also, during the year ending August 31, 2022 and 2021, employer contributions were reduced by \$0 and \$0, respectively, from forfeiture non-vested accounts.

A more detailed explanation of the Plan, including but not limited to eligibility, allocation, loan, and benefit provisions, is provided in the Agency for Community EMPOWERment of NEPA 403(b) Plan.

Note 2 Summary of Significant Accounting Policies

Basis of Accounting: The financial statements of the plan are prepared using the accrual basis of accounting.

Investment Contract with Insurance Companies: Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 5 for discussion of the Investment Contract.

Investment Valuation and Income Recognition: The Plan's 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. Plan's Management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. The pooled separate account

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2 Summary of Significant Accounting Policies (Continued)

and mutual funds are valued at their unit value as determined by Prudential Bank and Trust, FSB Company and by Prudential Insurance and Annuity Company of America ("Prudential"). Additional mutual funds are also valued at their unit value as determined by Mid Atlantic Trust Company ("MATC"). See Note 6 for discussion of Fair Value Measurements.

Interest Income: Interest Income is recorded in the Guaranteed Interest Account and loan amounts on an accrual basis.

Dividend Income: Dividend Income is recorded based on the ex-dividend date and is reported by Prudential and MATC.

Net Appreciation/(Depreciation) in Fair Value of Investments: Dividends, realized and unrealized gains for the underlying funds are factored into the value of the pooled separate accounts and mutual funds reported by Prudential and MATC.

Employers' Discretionary Contributions: Discretionary Matching contributions are made and are based upon amounts computed throughout the year. In addition, the Sponsor may elect to pay administrative expenses associated with the plan but is not required to do so.

Notes Receivable from Participants: Are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of August 31, 2022, and 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments as described by the Plan, the participant's loan is considered a deemed distribution to the participant. When the plan administrator considers the participant loan to be in default, the loan balance is reduced, and its delinquent participant note receivables is recorded as a benefit payment in accordance with the Plan's provisions.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent asset and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 3 ERISA Section 103(a)(3)(c)– Certification of Investments

Certain information related to the investments at fair value and at contract value and note receivables from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held at August 31, 2022 and 2021 and net appreciation in fair value of investments interest, and dividends for the year ended August 31, 2022 and 2021, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Prudential and MATC.

Note 4 Non-Participant Directed Investments

The following presents the change in net assets for Non-Participant Directed Investments at August 31, 2022:

Participant Loans Advanced	\$ 0
Participant Loans Repaid	(2,898)
Participant Loans Defaulted	0
Participant Loans Offset Prior Default	0
Participant Loans Deemed Distributors	(4,909)
Interest Income from Participants Loans	718
Transfers to Participant Directed Investments	(718)
	<u>\$ (7,807)</u>

Note 5 Investment Contract with Insurance Company

The Plan entered into a benefit-responsive investment contract with Prudential, effective September 1, 1982. The Insurance Company maintains the contributions in a general fixed account. The accounts are credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specific interest that is guaranteed to the Plan.

As described in Note 2, because the investment contract agreement is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits attributable to the investment contract. Contract value, as reported to the Plan by the Insurance Company, 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.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The credit rates are established without the use of a specific formula. The annual effective interest crediting rates are announced in advance and can never be less than the minimum rate of 4.0%. The contract value of the investment contract on August 31, 2022 and 2021 was \$8,503,511 and \$8,840,883, respectively.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 5 Investment Contract with Insurance Company (Continued)

Generally, there are no events that could limit the ability of the Plan to transact at contract value paid within 90 days. A plan sponsor-initiated termination of the contract is an event that could limit the ability of the plan to transact at Contract Value paid within 90 days. In this instance, Contract Value could be paid overtime, or at the plan sponsor's discretion, paid over at most a one-year period after the application of market value adjustments.

Note 6 Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1), and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available. No Level 2 or 3 inputs were available to the Plan.

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable points.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used on August 31, 2022 and 2021.

Registered Investment Companies (Mutual Funds): Are valued based on quoted net asset values of the shares held by the Plan at year-end. The mutual funds held by the Plan are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled Separate Accounts: Are valued based on a "Unit of Account" with a value per unit based on the accumulation values of the underlying investments. Fair value is based on the Net Asset Value (NAV) of the units held in the underlying investments.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 6 Fair Value Measurements (Continued)

The following tables set forth, by level within the Fair Value hierarchy, the Plan's investing at Fair Value as of August 31, 2022 and 2021:

	Fair Value Measurements at Reporting Date Using:	
	Quoted Prices In Active Markets for Identical Assets	
	<u>Fair Value</u>	<u>(Level 1)</u>
<u>August 31, 2022</u>		
Mutual of America:		
Registered Investment Companies (Mutual Funds)	\$ 4,107,245	\$ 4,107,245
Prudential Retirement Insurance and Annuity Company:		
Investments Measured at NAV*		
Pooled Separate Accounts	816, 281	
Total Investments at Fair Value	<u>\$ 4,923,526</u>	<u>\$ 4,107,245</u>

	Fair Value Measurements at Reporting Date Using:	
	Quoted Prices In Active Markets for Identical Assets	
	<u>Fair Value</u>	<u>(Level 1)</u>
<u>August 31, 2021</u>		
Prudential Trust Company:		
Registered Investment Companies (Mutual Funds)	\$ 3,515,617	\$ 3,515,617
Prudential Retirement Insurance and Annuity Company:		
Investments Measured at NAV*		
Pooled Separate Accounts	2,149,216	
Total Investments at Fair Value	<u>\$ 5,664,833</u>	<u>\$ 3,515,617</u>

*Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this footnote are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 6 Fair Value Measurements (Continued)

Fair Value of Investments in Entities that use NAV:

The following table summarizes investments measured at fair value based on net asset value per share as of August 31, 2022 and 2021, respectively:

2022				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts	<u>\$ 816,281</u>	None	Daily	None
2021				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts	<u>\$ 2,149,216</u>	None	Daily	None

Note 7 Related Party Transactions

The Plan's investments are maintained with Prudential and MATC as described in Note 5 and Note 6. Prudential and MATC are considered a party-in-interest therefore, transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing. Prudential charged administrative expenses in the amount of \$4,067 and \$4,038 for the plan year ending August 31, 2022, and 2021, respectively. Mutual of America charged administrative expenses in the amount of \$17,214 for the plan year ending August 31, 2022.

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

Note 8 Risks and Uncertainties

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

In December 2019, COVID-19 was discovered in Wuhan, China. On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization (WHO) declared the outbreak a "public health emergency of international concern", and on the next day, the United States Secretary of Health and Human Services declared the coronavirus outbreak a public health emergency for the U. S. In March 2020, the WHO declared the outbreak of Coronavirus COVID-19 a pandemic. Management has evaluated (and continues to evaluate) the impact of the COVID-19 on the Plan. The

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 8 Risks and Uncertainties (Continued)

continuing impact of COVID-19 on the Plan will depend on certain developments, including the duration and spread of the outbreak, the success of vaccination of the population, and other known and unknown factors. The future impact on investment results are uncertain and cannot be predicted. At this point, the full extent to which COVID-19 may impact the Plan is uncertain.

Note 9 Reconciliation of Financial Statements to Schedule H of Form 5500

Agency of Community EmPOWERment of NEPA 403(b) Plan financial statements are prepared using the accrual basis of accounting, while the tax return is prepared using the cash basis of accounting, therefore timing differences exist. The following is a reconciliation of net assets available for benefits per the financial statements at August 31, 2022, and 2021 to Schedule H of Form 5500:

	<u>August 31, 2022</u>	<u>August 31, 2021</u>
Net Assets Available for Plan Benefits		
Per the Financial Statements	\$ 13,451,854	\$ 14,534,088
Contribution Receivable	(4,198)	0
Schedule H, Part I, Line 1.I. to the Form 5500	<u>\$ 13,447,656</u>	<u>\$ 14,534,088</u>

The following is a reconciliation of income per the financial statements at August 31, 2022 and 2021 to Schedule H Form 5500:

	<u>August 31, 2022</u>	<u>August 31, 2021</u>
Total Additions Available for Plan Benefits		
per the Financial Statements	\$ 180,686	\$ 1,910,397
Contribution Accrued – Current Year	(4,198)	0
Total Income per Schedule H Part II, Line 2.d. of Form 5500	<u>\$ 176,488</u>	<u>\$ 1,910,397</u>

Note 10 Income Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). Mutual of America uses a Volume Submitter 403(b) Plan. Accordingly, as received a favorable opinion letter dated March 2, 2020, in which the Internal Revenue Service states their Volume Submitter 403(b) Plan, as adopted by the plan sponsor, is acceptable under the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. Although the Plan has been amended since receiving the advisory opinion, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 10 Income Tax Status (Continued)

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2019.

Note 11 Plan Benefits and 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. In the event of the Plan termination, participants are already 100 percent vested in their employer contributions.

Note 12 Excluded Participant Contributions

During the plan year ended August 31, 2022, it was discovered that certain of the plan's provisions were not properly applied in the daily operations of the Plan. The Plan Sponsor failed to auto-enroll eligible new hires in accordance with the plan document. The plan administrator has determined the affected participants and has calculated the Qualified Nonelective Contribution, plus lost earnings, pursuant to the Self-Correction Program available under the IRS Employee Plans Compliance Resolution System (EPCRS) for the plan year ending August 31, 2022. Accordingly, \$4,198. is included in Contributions Receivable as of August 31, 2022.

Note 13

Management has evaluated subsequent events through June 12, 2023, the date financial statements were available to be issued.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(b) PLAN
SCHEDULE H LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AUGUST 31, 2022
EMPLOYER IDENTIFICATION NUMBER 23-1649434
PLAN NUMBER 001

a) RELATED PARTY IN INTEREST	(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
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	GUARANTEED INTEREST ACCOUNT	8,503,511	8,503,511
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MEDLEY PSF PGIM GOV MM	N/A	1,124
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MED PSF PGIM TOT RET BD	N/A	111,147
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MEDLEY PSF GOVT INC PORT	N/A	21,450
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MEDLEY PSF PGIM FLX MGD A	N/A	374,385
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MEDLEY PSF PGIM 50/50	N/A	75,953
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MEDLEY PSF STOCK IDX PORT	N/A	164,200
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MEDLEYPRU CAP GRO VCA-10	N/A	15,565
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MEDLEY PSF BLEND PORT	N/A	16,734
*	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MEDLEY PRU GLOBAL PORT	N/A	35,723
*	MUTUAL OF AMERICA	CASH AND CASH EQUIVALENTS	N/A	54
*	MUTUAL OF AMERICA	AMERICAN FUNDS NEW WORLD R6	N/A	9,903
*	MUTUAL OF AMERICA	BLACKROCK MID-CAP GROWTH EQUITY K	N/A	91,229
*	MUTUAL OF AMERICA	CALVERT BOND R6	N/A	133,684
*	MUTUAL OF AMERICA	CALVERT INTERNATIONAL RESPONSIBLE IDX R6	N/A	10,182
*	MUTUAL OF AMERICA	CALVERT SMALL-CAP R6	N/A	20,406
*	MUTUAL OF AMERICA	CALVERT US LARGE CAP CORE RSPNB IDX R6	N/A	37,037
*	MUTUAL OF AMERICA	DELAWARE SMALL CAP VALUE R6	N/A	74
*	MUTUAL OF AMERICA	DODGE & COX STOCK	N/A	12,278
*	MUTUAL OF AMERICA	MFS MID CAP VALUE R6	N/A	56,640
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA 2015 RETIREMENT	N/A	34,488
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA 2020 RETIREMENT	N/A	16,731
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA 2025 RETIREMENT	N/A	329,341
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA 2030 RETIREMENT	N/A	556,910
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA 2035 RETIREMENT	N/A	201,167
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA 2040 RETIREMENT	N/A	652,988
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA 2045 RETIREMENT	N/A	488,197
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA 2050 RETIREMENT	N/A	272,242
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA 2055 RETIREMENT	N/A	253,948
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA 2060 RETIREMENT	N/A	33,743
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA 2065 RETIREMENT	N/A	991
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA EQUITY INDEX	N/A	325,571
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA INTERNATIONAL	N/A	13,459
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA MID-CAP EQUITY INDEX	N/A	11,524
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA RETIREMENT INCOME	N/A	336,158
*	MUTUAL OF AMERICA	MUTUAL OF AMERICA SMALL CAP EQUITY INDEX	N/A	19,784
*	MUTUAL OF AMERICA	PIMCO REAL RETURN INSTL	N/A	72
*	MUTUAL OF AMERICA	T. ROWE PRICE BLUE CHIP GROWTH I	N/A	79,903
*	MUTUAL OF AMERICA	VANGUARD INTERNATIONAL GROWTH ADM	N/A	8,478
*	MUTUAL OF AMERICA	VANGUARD REAL ESTATE INDEX ADMIRAL	N/A	29
*	MUTUAL OF AMERICA	VANGUARD TOTAL BOND MARKET INDEX ADM	N/A	22,586
*	MUTUAL OF AMERICA	VANGUARD TREASURY MONEY MARKET INVESTOR	N/A	77,425
*	MUTUAL OF AMERICA	VICTORY RS SMALL CAP GROWTH R6	N/A	77
	PARTICIPANT LOANS	INTEREST RATE RANGE (4.25% to 6.00%)	N/A	20,565
	TOTAL INVESTMENT ASSETS			<u>\$ 13,447,656</u>

"See accompanying independent auditors' report.