

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>92ND STREET Y 403(B) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
1c Effective date of plan <u>01/01/1991</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIA</u> <u>1395 LEXINGTON AVENUE</u> <u>NEW YORK, NY 10128</u>	2b Employer Identification Number (EIN) <u>13-1624229</u>	
	2c Plan Sponsor's telephone number <u>212-415-5490</u>	
	2d Business code (see instructions) <u>611000</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.	10/13/2023	KIRK MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	KIRK MILLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 545
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) 436
a(2) Total number of active participants at the end of the plan year		6a(2) 509
b Retired or separated participants receiving benefits		6b
c Other retired or separated participants entitled to future benefits.....		6c 113
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 622
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e
f Total. Add lines 6d and 6e		6f 622
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 594
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
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: 2L 2M 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 4 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 92ND STREET Y 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIA	D Employer Identification Number (EIN) 13-1624229	

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 BRIGHTHOUSE LIFE INSURANCE COMPANY

(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
06-0566090	87726	839712	38	01/01/2022	12/31/2022

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
0	371

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
MLR INTEGRATION 185 ASYLUM ST HARTFORD, CT 06103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MML INVESTORS SERVICES LLC PO BOX 17480 NEWARK, NJ 07194-7480

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	371		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	2842113
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2183469

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 ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 2814038

c	Additions: (1) Contributions deposited during the year	7c(1)	15218	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	97681	
	(4) Transferred from separate account.....	7c(4)	1197	
	(5) Other (specify below)	7c(5)		

(6) Total additions..... **7c(6)** 114096

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2928134

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	85431	
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)	590	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions..... **7e(5)** 86021

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2842113

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)	
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)	
(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)	
(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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 92ND STREET Y 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIA	D Employer Identification Number (EIN) 13-1624229	

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 METROPOLITIAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1083552	28	01/01/2022	12/31/2022

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
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid METLIFE INVESTORS DISTRIBUTION CO. 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			1

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	51474
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	297350

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.....**6d**

Specify nature of costs ▶

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 ▶ **GROUP DEFERRED ANNUITIES**

b Balance at the end of the previous year **7b** 51101**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3) 1524

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions..... **7c(6)** 1524**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 52625**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1) 1151

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions..... **7e(5)** 1151**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 51474

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)	
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)	
(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)	
(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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan 92ND STREET Y 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIA	D Employer Identification Number (EIN) 13-1624229

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 LINCOLN NATIONAL LIFE INSURANCE CO.
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	194558-030	4	01/01/2022	12/31/2022

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
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CETERA ADVISORS LLC SUITE 600 DENVER, CO 80237-2769

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LINCOLN - PENFACTS	2301 ROSECRANS AVE STE 5100 EL SEGUNDO, CA 90245
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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** 870721**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****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..... **6d**
Specify nature of costs ▶**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 ▶ GROUP VAR ANNUITY W GUARANTEE FUND**b** Balance at the end of the previous year **7b** 865166**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 30239
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 30239**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 895405**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 24658
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 25
▶(5) Total deductions **7e(5)** 24683**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 870722

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)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan 92ND STREET Y 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIA	D Employer Identification Number (EIN) 13-1624229

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 TIAA-CREF
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	330481	86	01/01/2022	12/31/2022

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
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(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	3319732
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	5059679

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

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	3141757
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c	Additions: (1) Contributions deposited during the year	7c(1)	95580	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	109073	
	(4) Transferred from separate account	7c(4)	107157	
	(5) Other (specify below)	7c(5)	3524	

(6) Total additions	7c(6)	315334
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	3457091
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	108193	
	7e(2)		
	7e(3)	23782	
	7e(4)	5385	

(5) Total deductions	7e(5)	137360
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3319731
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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)	
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)	
(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)	
(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.	10b	

Specify nature of costs.

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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 92ND STREET Y 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIA	D Employer Identification Number (EIN) 13-1624229	

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	
TIAA	730 THIRD AVENUE NEW YORK, NY 10017-3206
13-1624203	

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

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

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

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

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

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

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

ALLIANT INSURANCE SERVICES

701 B ST FL 6
SAN DIEGO, CA 92101-8156

33-0785439

(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?
13	SERVICE PROVIDER	36697	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

TIAA

730 THEIRD AVENUE
NEW YORK, NY 10017

13-1624203

(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	RECORDKEEPER	21773	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	50	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

METLIFE INSURANCE COMPANY

13-5581829

(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?
13	SERVICE PROVIDER	60	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

BRIGHTHOUSE LIFE INSURANCE COMPANY

06-0566090

(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?
13	SERVICE PROVIDER	1074	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 92ND STREET Y 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIA	D Employer Identification Number (EIN) 13-1624229	

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: TIAA REAL ESTATE		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 506442
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>92ND STREET Y 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIA</u>	D Employer Identification Number (EIN) <u>13-1624229</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)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1226	1184
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)	46115	38360
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	9825819	7849197
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	9531187	9078727
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6707143	6821693
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	26111490	23789161

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	26111490	23789161
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	1638803	
(C) Others (including rollovers)	2a(1)(C)	17179	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1655982
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1520	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1520
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	279716	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		279716
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3477207
c Other income	2c		24142
d Total income. Add all income amounts in column (b) and enter total	2d		-1515847
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	747824	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		747824
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	58658	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		58658
j Total expenses. Add all expense amounts in column (b) and enter total	2j		806482
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2322329
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 92ND STREET Y 403(B) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIA		D Employer Identification Number (EIN) 13-1624229
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
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): 13-1624203 35-0472300 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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
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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 _____

**92ND STREET Y 403(b) PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
YEAR ENDED DECEMBER 31, 2022**

**92ND STREET Y 403(b) PLAN
FOR THE YEAR ENDED DECEMBER 31, 2022**

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator Committee
92nd Street Y 403(B) Plan

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

We have performed audits of the financial statements of 92nd Street Y 403(B) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from the qualified institutions of the Plan (the "Trustees"), as listed in Note 3, as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

Opinion (Continued)

- the information in the accompanying financial statements related to assets held by and certified to by the Trustees agrees to, or is derived from, in all material respects, the information prepared and certified by the Trustees that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). 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 Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. 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 Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Information Required by ERISA

The supplemental schedule H - line 4i - assets (held at end of year) 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

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Supplemental Information Required by ERISA (Continued)

the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion -

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).


CERTIFIED PUBLIC ACCOUNTANTS

New York, New York
October 11, 2023

92ND STREET Y 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Investments:		
Investments, at fair value	\$ 16,929,108	\$ 19,358,232
Investments, at contract value	<u>6,821,695</u>	<u>6,707,143</u>
	23,750,803	26,065,375
Receivables:		
Notes receivable from participants	<u>38,360</u>	<u>46,115</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>23,789,163</u>	\$ <u>26,111,490</u>

See accompanying notes to financial statements.

92ND STREET Y 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

Additions to net assets attributed to:

Investment income (loss):

Net depreciation in fair value of investments	\$ (3,477,207)
Interest and dividends	279,716
Other income	<u>24,142</u>

Total investment loss, net	<u>(3,173,349)</u>
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Interest - notes receivable from participants	<u>1,520</u>
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Contributions:

Participants	1,638,803
Rollovers	<u>17,179</u>

Total contributions	<u>1,655,982</u>
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Total additions, net	<u>(1,515,847)</u>
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Deductions from net assets attributed to:

Benefits paid to participants	747,824
Administrative expenses and other expenses	<u>58,656</u>

Total deductions	<u>806,480</u>
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Net decrease	(2,322,327)
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Net assets available for benefits - beginning of year	<u>26,111,490</u>
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NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u><u>\$ 23,789,163</u></u>
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See accompanying notes to financial statements.

92ND STREET Y 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

1. DESCRIPTION OF PLAN

The following description of the 92nd Street Y 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is sponsored and administered by The Young Men's and Young Women's Hebrew Association (the "Plan Sponsor").

General

The Plan is a combination tax deferred annuity contract plan and custodial account plan established for the benefit of the employees of the Plan Sponsor. The Plan was adopted on January 1, 1991, and covers all employees of the Plan Sponsor who meet the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was amended on January 25, 2016. A sole service provider was selected for the Plan and participants were given the option to roll over funds to the sole provider. Another change was to offer Roth 403(b) deferrals into the Plan.

Eligibility

All employees, except non-resident aliens, are eligible for participation in the Plan on the date that their salary deferral agreement becomes effective.

Participant Contributions

Each year, participants may elect to defer up to 100% of their pretax annual compensation, as defined in the Plan, which cannot exceed the limits permitted under Internal Revenue Service ("IRS") regulations. Eligible participants can also defer a percentage of their after-tax annual compensation as Roth 403(b) deferrals. Participants who have attained age 50 or older may elect to make a "catchup" contribution, not to exceed IRS limits. In addition, participants may also contribute amounts representing rollovers from other qualified defined-benefit or defined-contribution plans. Contributions in any calendar year may not exceed the limits under Internal Revenue Code ("IRC") Sections 401(k), 404 and 415.

Participants' Accounts

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

Vesting

Participants are immediately vested in all contributions plus actual earnings thereon.

Forfeitures

There were no forfeitures for the years ended December 31, 2022 and 2021.

Notes Receivable from Participants

Participants may borrow against their fund accounts as permitted by the individual trustees. Loan terms range from one to five years, or longer for the purchase of a primary residence. Principal and interest are paid ratably by check or through payroll deductions.

92ND STREET Y 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

1. DESCRIPTION OF PLAN (CONTINUED)

Participant Distributions

On termination of service, death, disability or retirement, a participant (or their beneficiary) may elect to receive either a lump-sum amount, a direct rollover distribution, or installment payments equal to the value of the participant's account.

Plan Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and in-service withdrawal processing fees are charged directly to the participant's account and are included in administrative expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for the fully benefit-responsive guaranteed 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.

Investment income recognized by the Plan includes earning from investments, net gains realized from the sale of investments, and the net changes in the unrealized appreciation of investments.

Purchases and sales of securities are recorded on a trade-date basis. Dividends and interest are recorded on the modified cash basis.

Money Market and Mutual Funds

Money market and mutual funds are stated at fair value.

Pooled Separate Accounts

The investments in pooled separate accounts are valued at the net asset value (the "NAV") per unit, as determined by the trustees at year-end. The NAV is used as the practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investment held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

92ND STREET Y 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Guaranteed Investment Contracts in Trustees' General Accounts

The Plan's guaranteed investment contracts are valued at contract value, which is based on information provided by Brighthouse Life Insurance Company, TIAA-CREF, The Lincoln Life and Annuity Company of New York, and Metropolitan Life Insurance Company (see Note 4) by adding deposits made plus earnings at guaranteed interest rates and subtracting withdrawals and fees.

Fair Value Measurements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Under this standard, fair value is defined as the exit price, or the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date.

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and, inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid to Plan participants.

Subsequent Events

In accordance with FASB ASC 855, *Subsequent Events*, the Plan has evaluated subsequent events through October 11, 2023, the date on which these financial statements were available to be issued.

92ND STREET Y 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

3. PLAN TRUSTEES

The trustees (collectively, the "Trustees") for the years ended December 31, 2022 and 2021, were as follows:

1. Brighthouse Life Insurance Company ("Brighthouse Life")
2. TIAA-CREF
3. The Lincoln Life and Annuity Company of New York ("Lincoln Life")
4. Metropolitan Life Insurance Company ("MetLife")
5. Newport Trust Company ("Newport")

4. INVESTMENT IN THE TRUSTEES' GENERAL ACCOUNTS

The Plan has fixed fund investments provided under group annuity contracts issued by certain Trustees. Under the terms of the contracts, any amount allocated to the fixed funds become part of the respective Trustees' general account. All assets in the fixed funds investments are credited with interest using a declared rate determined by the Trustees, with no set maturity, but are not guaranteed by the Trustees and may be reduced by contract changes. The interest rate for the investments at December 31, 2022 and 2021, was between 1% and 3.5%.

At December 31, 2022 and 2021, the investments issued by the Trustees in the general accounts consisted of the following:

	<u>2022</u>	<u>2021</u>
Lincoln Life - Fixed Accounts	\$ 870,721	\$ 865,166
Brighthouse Life - T-Flex	1,606,739	1,610,551
Fixed Rider	1,235,374	1,203,488
TIAA-CREF - TIAA Traditional Benefit and		
Non-Benefit Responsive	3,048,591	3,003,140
Plan Loan Default Fund	<u>60,270</u>	<u>24,798</u>
	<u>\$ 6,821,695</u>	<u>\$ 6,707,143</u>

5. FAIR VALUE MEASUREMENTS

Assets measured at fair value are based on one or more of three valuation techniques identified in the tables below. The valuation techniques are as follows:

- (a) *Market approach.* Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;
- (b) *Cost approach.* Amount that would be required to replace the service capacity of an asset (replacement cost); and
- (c) *Income approach.* Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing and excess earnings models).

92ND STREET Y 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables summarize the Plan's investments measured at fair value on a recurring basis, categorized by U.S. GAAP's valuation hierarchy, as of December 31, 2022 and 2021:

Description	Total at December 31, 2022	Level 1	Level 2	Level 3	Valuation Technique
Assets in fair value hierarchy:					
Money market fund	\$ 1,184	\$ 1,184	\$ -	\$ -	(a)
Mutual funds	<u>9,078,727</u>	<u>9,078,727</u>	<u>-</u>	<u>-</u>	(a)
Total investments in fair value hierarchy	9,079,911	<u>\$ 9,079,911</u>	<u>\$ -</u>	<u>\$ -</u>	
Investments measured at net asset value *	<u>7,849,197</u>				
Total investments at fair value	<u>\$ 16,929,108</u>				

* Pooled separate accounts

Description	Total at December 31, 2021	Level 1	Level 2	Level 3	Valuation Technique
Assets in fair value hierarchy:					
Money market fund	\$ 1,226	\$ 1,226	\$ -	\$ -	(a)
Mutual funds	<u>9,531,187</u>	<u>9,531,187</u>	<u>-</u>	<u>-</u>	(a)
Total investments in fair value hierarchy	9,532,413	<u>\$ 9,532,413</u>	<u>\$ -</u>	<u>\$ -</u>	
Investments measured at net asset value *	<u>9,825,819</u>				
Total investments at fair value	<u>\$ 19,358,232</u>				

* Pooled separate accounts

During the years ended December 31, 2022 and 2021, there were no transfers between levels of the fair value hierarchy.

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 at December 31, 2022 and 2021.

Money market fund is stated at its closing price as of the date of the financial statements.

Mutual funds are valued at quoted market prices, which represent the net asset value of the securities held in such funds.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with those of other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

92ND STREET Y 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

6. NET ASSET VALUE PER SHARE

The following tables set forth a summary of the Plan's investments with a reported NAV per share at December 31, 2022 and 2021:

Fair Value Estimated Using Net Asset Value per Share December 31, 2022					
Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Pooled separate accounts:					
Lincoln Financial Group:					
Asset allocation (g)	\$ 3,443	\$ -	Daily	None	None
Brighthouse Life:					
Large growth (a)	1,720,553	-	Daily	None	None
Asset allocation (g)	174,972	-	Daily	None	None
Bonds (i)	90,933	-	Daily	None	None
Small growth (h)	87,555	-	Daily	None	None
International real estate (j)	40,508	-	Daily	None	None
Small value (e)	44,415	-	Daily	None	None
International/global (b)	14,895	-	Daily	None	None
Government bonds (d)	8,732	-	Daily	None	None
World large stock blend (o)	906	-	Daily	None	None
MetLife 1083552:					
Asset allocation (g)	45,603	-	Daily	None	None
Bonds (i)	106,330	-	Daily	None	None
International/global (b)	14,686	-	Daily	None	None
Cash equivalent (n)	51,474	-	Daily	None	None
Large growth (a)	53,295	-	Daily	None	None
Large blend (c)	43,439	-	Daily	None	None
Mid growth (k)	11,585	-	Daily	None	None
Mid blend (l)	9,232	-	Daily	None	None
Government bonds (d)	7,206	-	Daily	None	None
Small blend (m)	5,267	-	Daily	None	None
International real estate (j)	707	-	Daily	None	None
TIAA-CREF (p):					
Asset allocation	1,625,503	-	Daily	None	None
Large growth	852,250	-	Daily	None	None
Large blend	750,350	-	Daily	None	None
International/global	540,845	-	Daily	None	None
Bonds	407,705	-	Daily	None	None
Real estate	506,442	-	Daily	None	None
Mid growth	159,089	-	Daily	None	None
Small growth	112,898	-	Daily	None	None
Guaranteed	253,782	-	Daily	None	None
Mid blend	46,110	-	Daily	None	None
Mid-cap value	38,485	-	Daily	None	None
Money market - taxable	<u>20,002</u>	<u>-</u>	Daily	None	None
Total pooled separate accounts	\$ <u>7,849,197</u>	\$ <u>-</u>			

92ND STREET Y 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

6. NET ASSET VALUE PER SHARE (CONTINUED)

Fair Value Estimated Using Net Asset Value per Share December 31, 2021					
Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Pooled separate accounts:					
Lincoln Financial Group:					
Asset allocation (g)	\$ 4,271	\$ -	Daily	None	None
Brighthouse Life:					
Large growth (a)	2,259,106	-	Daily	None	None
Asset allocation (g)	330,574	-	Daily	None	None
Small growth (h)	109,353	-	Daily	None	None
Bonds (i)	118,704	-	Daily	None	None
International real estate (j)	54,933	-	Daily	None	None
Small value (e)	51,767	-	Daily	None	None
International/global (b)	18,538	-	Daily	None	None
Government bonds (d)	10,255	-	Daily	None	None
World large stock blend (o)	1,340	-	Daily	None	None
MetLife 1083552:					
Asset allocation (g)	75,818	-	Daily	None	None
Cash equivalent (n)	124,895	-	Daily	None	None
International/global (b)	17,987	-	Daily	None	None
Large growth (a)	51,101	-	Daily	None	None
Large blend (c)	75,977	-	Daily	None	None
Bonds (i)	56,120	-	Daily	None	None
Mid blend (l)	22,794	-	Daily	None	None
Government bonds (d)	11,332	-	Daily	None	None
Mid growth (k)	8,019	-	Daily	None	None
Small blend (m)	6,609	-	Daily	None	None
International real estate (j)	953	-	Daily	None	None
TIAA-CREF (p):					
Asset allocation	2,064,872	-	Daily	None	None
Large growth	1,246,307	-	Daily	None	None
Large blend	931,084	-	Daily	None	None
International/global	666,766	-	Daily	None	None
Bonds	460,377	-	Daily	None	None
Real estate	483,157	-	Daily	None	None
Mid growth	195,670	-	Daily	None	None
Small growth	125,425	-	Daily	None	None
Guaranteed	122,908	-	Daily	None	None
Mid blend	55,238	-	Daily	None	None
Mid-cap value	41,893	-	Daily	None	None
Money market - taxable	<u>21,676</u>	<u>-</u>	Daily	None	None
Total pooled separate accounts	\$ <u>9,825,819</u>	\$ <u>-</u>			

92ND STREET Y 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

6. NET ASSET VALUE PER SHARE (CONTINUED)

- (a) The large growth funds seek growth of capital. The funds invest primarily in large U.S. companies that are projected to grow faster than other large-cap stocks. Stocks in the top 70% of the capitalization of the U.S. equity market are defined as large cap. Growth is defined based on fast growth (high growth rates for earnings, sales, book value, and cash flow) and high valuations (high price ratios and low dividend yields). Most of these portfolios focus on companies in rapidly expanding industries.
- (b) The international/global funds seek to maximize long-term capital appreciation by investing in approximately 100 equity securities of issuers from emerging foreign countries. The funds may invest a large percentage of the assets in issuers located in a single country, a small number of countries, or a particular geographic region.
- (c) The large blend funds seek to approximate as closely as practicable, before fees and expenses, the total rate of return of common stocks publicly traded in the United States, as represented by the S&P 500® Index.
- (d) The government bonds seek to maximize real return, consistent with preservation of real capital and prudent investment management. The funds invest at least 80% of their net assets in inflation-protected debt securities (or securities with similar economic characteristics). These securities include inflation-indexed bonds of varying maturities issued by the U.S., non-U.S. governments, and their agencies or instrumentalities. They invest only in securities rated investment grade at the time of purchase by a third-party rating agency or, if unrated, deemed to be of comparable quality. The funds are non-diversified.
- (e) The small value funds seek capital appreciation.
- (f) The real estate funds seek maximum long-term total return with capital appreciation as a secondary objective. The funds invest primarily in securities of companies that are principally engaged in the real estate industry.
- (g) The asset allocation funds seek the highest total return over time with an increased emphasis on capital preservation as the target date approaches.
- (h) The small growth funds invest in a diversified set of equities with smaller capitalization.
- (i) The bond funds seek maximum total return, consistent with the preservation of capital, by investing at least 65% of their assets in a diversified portfolio of fixed income instruments of varying maturities.
- (j) The international real estate funds seek total return through investment in real estate securities, emphasizing both capital appreciation and current income.
- (k) The mid growth funds seek capital appreciation by investing in mid-sized U.S. companies with exploitable multi-year growth opportunities.
- (l) The mid blend funds invest in U.S. stocks of various sizes and styles, giving them a middle-of-the-road profile. The U.S. mid-cap range for market capitalization typically falls between \$1 billion - \$8 billion and represents 20% of the total capitalization of the U.S. equity market. The blend style is assigned to portfolios where neither growth nor value characteristics predominate.

92ND STREET Y 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

6. NET ASSET VALUE PER SHARE (CONTINUED)

- (m) The small blend funds are a type of equity mutual fund which holds in its portfolio a mix of value and growth stocks where the market capitalization of the stocks is generally lower than \$2 billion. Blend funds are also known as "hybrid funds." Blend funds aim for value appreciation through capital gains.
- (n) The cash equivalent funds seek to avoid investment risk by obtaining a fixed interest rate guaranteed by the claims-paying ability and financial strength of MetLife.
- (o) The world large stock blend funds invest in a variety of international stocks that are larger which have few geographical limitations. It is common for these portfolios to invest the majority of their assets in developed markets, with the remainder divided among the globe's smaller markets. These portfolios typically have 20% - 60% of assets in U.S. stocks.
- (p) This is a direct filing entity where the investment is in a fund that files a Form 5500 as a direct filing entity; therefore, disclosure of the investment's significant investment strategy is not required.

7. PARTY-IN-INTEREST TRANSACTIONS

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Plan Sponsor.

The Trustees are the Plan's service providers and, therefore, these transactions and the Plan's payment of fees to the Trustees qualify as party-in-interest transactions. Notes receivable from participants are also party-in-interest transactions.

8. RISKS AND UNCERTAINTIES

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

9. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES

The following tables summarize investment information regarding the Plan as of December 31, 2022 and 2021, and for the year ended December 31, 2022, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by the Trustees, and furnished to the Plan administrator.

92ND STREET Y 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

9. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES (CONTINUED)

The Plan administrator has obtained certifications from the Trustees that such information is complete and accurate.

	<u>2022</u>	<u>2021</u>
Certified assets:		
Investments:		
Money market fund	\$ 1,184	\$ 1,226
Pooled separate accounts	7,849,197	9,825,819
Guaranteed annuity contracts	6,821,695	6,707,143
Mutual funds	<u>9,078,727</u>	<u>9,531,187</u>
Total investments	23,750,803	26,065,375
Notes receivable from participants	<u>38,360</u>	<u>46,115</u>
Total certified assets	<u>\$ 23,789,163</u>	<u>\$ 26,111,490</u>
Interest and dividends	<u>\$ 279,716</u>	
Net depreciation in fair value of investments	<u>\$ (3,477,207)</u>	
Interest - notes receivable from participants	<u>\$ 1,520</u>	

10. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor 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 Plan termination, participants are entitled to the entire amount of their employer contributions, if any.

11. TAX STATUS

The IRS issued an opinion letter dated March 31, 2017, indicating that the prototype plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the IRC. Although the Plan has been amended from the original prototype document, Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

SUPPLEMENTAL SCHEDULE

92ND STREET Y 403(b) PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022
EIN: 13-1624229
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Lincoln Financial Group:				
*	Fixed Acct	Guaranteed Annuity Contract	**	\$ 870,721
	LVIP T. Rowe Price 2050	Pooled Separate Accounts	**	<u>3,443</u>
				<u>874,164</u>
Brighthouse Life:				
	MFS Value Portfolio	Pooled Separate Accounts	**	17,421
*	T-Flex	Guaranteed Annuity Contract	**	1,606,739
	Fidelity VIP Equity Income	Pooled Separate Accounts	**	164,041
	Fidelity ContraFund - SC2	Pooled Separate Accounts	**	16,629
	Invesco Global Equity	Pooled Separate Accounts	**	906
*	Fixed Rider	Guaranteed Annuity Contract	**	1,235,374
	West As Mgt U.S. Govt Por	Pooled Separate Accounts	**	8,732
	PIMCO Total Return Port	Pooled Separate Accounts	**	42,101
*	BH Asset All 60	Pooled Separate Accounts	**	5,521
*	BH Asset All 80	Pooled Separate Accounts	**	169,451
	SSGA Growth ETF	Pooled Separate Accounts	**	43,805
	Loomis Sayles Global Mkts	Pooled Separate Accounts	**	8,419
*	BH Small Cap Val	Pooled Separate Accounts	**	44,415
*	MetLife MSCI EAFE Index	Pooled Separate Accounts	**	1,428
*	MetLife Stock Index Port	Pooled Separate Accounts	**	1,049,020
	Clarion Global Real Estate	Pooled Separate Accounts	**	40,508
	Met Aggregate Bond Index	Pooled Separate Accounts	**	1,178
	T. Rowe Price Small Cap Gr	Pooled Separate Accounts	**	2,332
	Loomis Sayles Growth Port	Pooled Separate Accounts	**	103,548
	Jennison Growth Portfolio	Pooled Separate Accounts	**	194,499
	BlackRock Capital App	Pooled Separate Accounts	**	1,535
	Neuberger Berman Genesis	Pooled Separate Accounts	**	2,542
	1919 Var Soc Resp Bal	Pooled Separate Accounts	**	130,055
	ClearBridge VarAggGrw Portfolio	Pooled Separate Accounts	**	62,123
	Met Russell 2000 Index	Pooled Separate Accounts	**	20,558
	Templeton Foreign VIP	Pooled Separate Accounts	**	5,048
	BlackRock High Yield	Pooled Separate Accounts	**	13,014
	BlackRock Bond Inc-Cl A	Pooled Separate Accounts	**	<u>34,640</u>
				<u>5,025,582</u>
MetLife 1083552:				
*	Met Agg Bond IDX	Pooled Separate Accounts	**	95,336
*	MetLife MSCI EAFE Index	Pooled Separate Accounts	**	14,686
*	MetLife Mid Cap Stk Ind	Pooled Separate Accounts	**	9,232
*	Met Russell 2000 Index	Pooled Separate Accounts	**	5,267
*	Stock Index	Pooled Separate Accounts	**	43,439
*	Fix Int Acct	Pooled Separate Accounts	**	51,474

See independent auditor's report.

92ND STREET Y 403(b) PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022
EIN: 13-1624229
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
(continued):				
	BH/W Lrg CP RRCH	Pooled Separate Accounts	**	\$ 17,896
	Calvert VP SRI Balanced	Pooled Separate Accounts	**	434
	BH Asset All 60	Pooled Separate Accounts	**	32,620
	BH Asset All 80	Pooled Separate Accounts	**	12,549
	Frontier MidCap Gr Port	Pooled Separate Accounts	**	4,733
	Mrg Stanley Mid Cap Growth	Pooled Separate Accounts	**	4,305
	Wstrn Asset Mgmt US Gov	Pooled Separate Accounts	**	7,206
	MFS Value Portfolio E	Pooled Separate Accounts	**	4,047
	MFS Research Int'l	Pooled Separate Accounts	**	2,770
	PIMCO Total Return	Pooled Separate Accounts	**	7,897
	American Funds Bond Fund	Pooled Separate Accounts	**	2,447
	Amer Funds Growth Fund	Pooled Separate Accounts	**	10,744
	T Rowe Large-Cap Growth	Pooled Separate Accounts	**	17,838
	Clarion Global Real Estate	Pooled Separate Accounts	**	707
	Wstrn Asst Mgt Strag Bd	Pooled Separate Accounts	**	650
	TRP Mid Cap Growth	Pooled Separate Accounts	**	2,547
				<u>348,824</u>
TIAA-CREF:				
*	TIAA Traditional Benefit Responsive	Guaranteed Annuity Contract	**	2,384,572
*	TIAA Real Estate	Pooled Separate Accounts	**	506,442
*	CREF Stock R1	Pooled Separate Accounts	**	1,224,701
*	CREF Money Market R1	Pooled Separate Accounts	**	20,002
*	CREF Social Choice R1	Pooled Separate Accounts	**	227,633
*	CREF Bond Market R1	Pooled Separate Accounts	**	219,923
*	CREF Global Equities R1	Pooled Separate Accounts	**	512,797
*	CREF Growth R1	Pooled Separate Accounts	**	791,955
*	CREF Equity Index R1	Pooled Separate Accounts	**	745,592
*	CREF Inflation-Linked Bond R1	Pooled Separate Accounts	**	106,096
*	TIAA Access Lifecycle 2025 T4	Pooled Separate Accounts	**	5,525
*	TIAA Access Lifecycle 2035 T4	Pooled Separate Accounts	**	128,460
*	TIAA Stable Value	Pooled Separate Accounts	**	253,782
*	TIAA Access S&P 500 Index T4	Pooled Separate Accounts	**	3,242
*	TIAA Access Short Term Bond T4	Pooled Separate Accounts	**	28,687
*	Plan Loan Default Fund	Guaranteed Annuity Contract	**	60,270
*	TIAA Trad Non Benefit Responsive	Guaranteed Annuity Contract	**	39,688
*	TIAA Trad Non Benefit Responsive 2	Guaranteed Annuity Contract	**	624,331
*	TIAA Access Lifecycle 2015 T4	Pooled Separate Accounts	**	402
*	TIAA Access Lifecycle 2020 T4	Pooled Separate Accounts	**	413
*	TIAA Access Lifecycle 2055 T4	Pooled Separate Accounts	**	38,369
*	TIAA Access Bond T4	Pooled Separate Accounts	**	14,858
*	TIAA Access Real Est Secs T4	Pooled Separate Accounts	**	21,190

See independent auditor's report.

Name of Issuer, Lessor, or Similar	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value

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92ND STREET Y 403(b) PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022
EIN: 13-1624229
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
(continued):				
Newport:				
*	Vanguard 500 Index Fund Admiral Shares	Mutual Funds	**	\$ 94,480
*	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Funds	**	6,298
*	Vanguard Prime Money Market Fund	Money Market Fund	**	1,184
*	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Funds	**	6,038
*	Vanguard Instl Target Retirement 2025 Fund	Mutual Funds	**	229,006
*	Vanguard Instl Target Retirement 2030 Fund	Mutual Funds	**	36,844
*	Vanguard Instl Target Retirement 2035 Fund	Mutual Funds	**	58,243
*	Vanguard Instl Target Retirement 2040 Fund	Mutual Funds	**	51,879
*	Vanguard Instl Target Retirement 2050 Fund	Mutual Funds	**	226,760
*	Vanguard Total International Stock Index	Mutual Funds	**	4,580
*	Vanguard Total Stock Market Index Fund A	Mutual Funds	**	<u>17,158</u>
				<u>732,470</u>
*	Notes receivable from participants	Participant loans		<u>38,360</u>
	TOTAL			<u><u>\$ 23,789,163</u></u>

* A party-in-interest to the Plan as defined by ERISA.

** Cost information has been omitted for participant-directed investments.

See independent auditor's report.

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2022 and ending 12/31/2022

Name of plan

92nd Street Y 403(b) Plan

Employer Identification Number

13-1624229

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VANGUARD 500 INDEX FUND	MUTUAL FUNDS		94,479
	VANGUARD CASH RESERVES FEDERAL	MUTUAL FUNDS		1,184
	VANGUARD MID-CAP INDEX FUND AD	MUTUAL FUNDS		6,298
	VANGUARD SMALL-CAP INDEX FUND	MUTUAL FUNDS		6,038
	VANGUARD TARGET RET 2025 FUND	MUTUAL FUNDS		229,006
	VANGUARD TARGET RET 2030 FUND	MUTUAL FUNDS		36,844
	VANGUARD TARGET RET 2035 FUND	MUTUAL FUNDS		58,243
	VANGUARD TARGET RET 2040 FUND	MUTUAL FUNDS		51,879
	VANGUARD TARGET RET 2050 FUND	MUTUAL FUNDS		226,760
	VANGUARD TOTAL STOCK MARKET IN	MUTUAL FUNDS		17,158
	VANGUARD TOTAL INTL STOCK	MUTUAL FUNDS		4,580
	FIXED ACCT	MUTUAL FUNDS		870,721
	LVIP T. ROWE PRICE 2050	MUTUAL FUNDS		3,443
	MET AGG BOND IDX	POOLED SEPARATE ACCOUNTS		95,336
	METLIFE MSCI EAFE INDEX	POOLED SEPARATE ACCOUNTS		14,686
	METLIFE MID CAP STK IND	POOLED SEPARATE ACCOUNTS		9,232
	MET RUSSELL 2000 INDEX	POOLED SEPARATE ACCOUNTS		5,267
	STOCK INDEX	POOLED SEPARATE ACCOUNTS		43,439
	FIX INT ACCT	POOLED SEPARATE ACCOUNTS		51,474
	BH/W LRG CP RRCH	POOLED SEPARATE ACCOUNTS		17,896
	CALVERT VP SRI BALANCED	POOLED SEPARATE ACCOUNTS		434
	BH ASSET ALL 60	POOLED SEPARATE ACCOUNTS		32,620
	BH ASSET ALL 80	POOLED SEPARATE ACCOUNTS		12,549
	FRONTIER MIDCAP GR PORT	POOLED SEPARATE ACCOUNTS		4,733
	MS DISCOVERY PORTFOLIO	POOLED SEPARATE ACCOUNTS		4,305
	WSTRN ASST MGT STRAG BD	POOLED SEPARATE ACCOUNTS		7,207
	MFS VALUE PORTFOLIO E	POOLED SEPARATE ACCOUNTS		4,047
	MFS RESEARCH INT'L	POOLED SEPARATE ACCOUNTS		2,770
	PIMCO TOTAL RETURN	POOLED SEPARATE ACCOUNTS		7,897
	AMERN FDS T BND FD AMER	POOLED SEPARATE ACCOUNTS		2,447
	AMER FUNDS GROWTH FUND	POOLED SEPARATE ACCOUNTS		10,744
	T ROWE LGCPGR	POOLED SEPARATE ACCOUNTS		17,838
	CBRE GLBL REL EST PORTF	POOLED SEPARATE ACCOUNTS		707
	WSTRN ASSET MGMT US GOV	POOLED SEPARATE ACCOUNTS		650
	TRP MID CAP GROWTH	POOLED SEPARATE ACCOUNTS		2,547
	1919 VARIABLE SOCIALLY RESPON	POOLED SEPARATE ACCOUNTS		130,055

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2022 and ending 12/31/2022

Name of plan

92nd Street Y 403(b) Plan

Employer Identification Number

13-1624229

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	BLACKROCK BOND INCOME PORTFOLI	POOLED SEPARATE ACCOUNTS		34,640
	BLACKROCK CAPITAL APPRECIATION	POOLED SEPARATE ACCOUNTS		1,535
	BLACKROCK HIGH YIELD PORTFOLIO	POOLED SEPARATE ACCOUNTS		13,014
	BRIGHTHOUSE ASSET ALLOCATION 6	POOLED SEPARATE ACCOUNTS		5,520
	BRIGHTHOUSE ASSET ALLOCATION 8	POOLED SEPARATE ACCOUNTS		169,451
	BRIGHTHOUSE SMALL CAP VALUE PO	POOLED SEPARATE ACCOUNTS		44,415
	CBRE GLOBAL REAL ESTATE PORTFO	POOLED SEPARATE ACCOUNTS		40,508
	CLEARBRIDGE VARIABLE AGGRESSIV	POOLED SEPARATE ACCOUNTS		62,123
	FIDELITY VIP CONTRAFUND PORTFO	POOLED SEPARATE ACCOUNTS		16,629
	FIDELITY VIP EQUITY-INCOME POR	POOLED SEPARATE ACCOUNTS		164,042
	INVESCO GLOBAL EQUITY PORTFOLI	POOLED SEPARATE ACCOUNTS		907
	JENNISON GROWTH PORTFOLIO	POOLED SEPARATE ACCOUNTS		194,499
	LOAN COLLATERAL	POOLED SEPARATE ACCOUNTS		53,557
	LOOMIS SAYLES GLOBAL ALLOCATIO	POOLED SEPARATE ACCOUNTS		8,419
	LOOMIS SAYLES GROWTH PORTFOLIO	POOLED SEPARATE ACCOUNTS		103,548
	METLIFE AGGREGATE BOND INDEX P	POOLED SEPARATE ACCOUNTS		1,178
	METLIFE MSCI EAFE INDEX PORTFO	POOLED SEPARATE ACCOUNTS		1,428
	METLIFE RUSSELL 2000 INDEX POR	POOLED SEPARATE ACCOUNTS		20,558
	METLIFE STOCK INDEX PORTFOLIO	POOLED SEPARATE ACCOUNTS		1,049,020
	MFS VALUE PORTFOLIO	POOLED SEPARATE ACCOUNTS		17,421
	NEUBERGER BERMAN GENESIS PORTF	POOLED SEPARATE ACCOUNTS		2,542
	PIMCO TOTAL RETURN PORTFOLIO	POOLED SEPARATE ACCOUNTS		42,101
	SSGA GROWTH ETF PORTFOLIO	POOLED SEPARATE ACCOUNTS		43,805
	T. ROWE PRICE SMALL CAP GROWTH	POOLED SEPARATE ACCOUNTS		2,332
	TEMPLETON FOREIGN VIP FUND	POOLED SEPARATE ACCOUNTS		5,048
	WESTERN ASSET MANAGEMENT U.S.	POOLED SEPARATE ACCOUNTS		8,732
	FIXED INTEREST ACCOUNT	GUARANTEED ANNUITY CONTRACT		1,235,374
	T-FLEX	GUARANTEED ANNUITY CONTRACT		1,606,739
	TIAA TRADITIONAL BENEFIT RESPO	GUARANTEED ANNUITY CONTRACT		2,384,572
	TIAA TRADITIONAL NON BENEFIT R	GUARANTEED ANNUITY CONTRACT		39,688
	TIAA TRADITIONAL NON BENEFIT R	GUARANTEED ANNUITY CONTRACT		624,331
	PLAN LOAN DEFAULT FUND	GUARANTEED ANNUITY CONTRACT		17,359
	TIAA STABLE VALUE	POOLED SEPARATE ACCOUNTS		253,782
	CREF STOCK R1	POOLED SEPARATE ACCOUNTS		1,224,701
	CREF MONEY MARKET R1	POOLED SEPARATE ACCOUNTS		20,002
	CREF SOCIAL CHOICE R1	POOLED SEPARATE ACCOUNTS		227,632
	CREF GLOBAL EQUITIES R1	POOLED SEPARATE ACCOUNTS		512,797
	CREF GROWTH R1	POOLED SEPARATE ACCOUNTS		791,955

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2022 and ending 12/31/2022

Name of plan

92nd Street Y 403(b) Plan

Employer Identification Number

13-1624229

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	CREF EQUITY INDEX R1	POOLED SEPARATE ACCOUNTS		745,592
	CREF INFLATION-LINKED BOND R1	POOLED SEPARATE ACCOUNTS		106,096
	TIAA REAL ESTATE	POOLED SEPARATE ACCOUNTS		506,442
	TIAA ACCESS CORE BOND T4	POOLED SEPARATE ACCOUNTS		14,858
	TIAA ACCESS LIFECYCLE 2015 T4	POOLED SEPARATE ACCOUNTS		402
	TIAA ACCESS LIFECYCLE 2020 T4	POOLED SEPARATE ACCOUNTS		413
	TIAA ACCESS LIFECYCLE 2025 T4	POOLED SEPARATE ACCOUNTS		5,525
	TIAA ACCESS LIFECYCLE 2035 T4	POOLED SEPARATE ACCOUNTS		128,460
	TIAA ACCESS REAL EST SECS T4	POOLED SEPARATE ACCOUNTS		21,190
	TIAA ACCESS SOCIAL CH EQ T4	POOLED SEPARATE ACCOUNTS		1,516
	CREF CORE BOND R1	POOLED SEPARATE ACCOUNTS		219,923
	TIAA-CREF LFCYLE IDX 2010-INST	MUTAL FUNDS		448
	TIAA-CREF LFCYLE IDX 2015-INST	MUTAL FUNDS		14,025
	TIAA-CREF LFCYLE IDX 2020-INST	MUTAL FUNDS		1,007,938
	TIAA-CREF LFCYLE IDX 2025-INST	MUTAL FUNDS		550,639
	TIAA-CREF LFCYLE IDX 2030-INST	MUTAL FUNDS		731,535
	TIAA-CREF LFCYLE IDX 2035-INST	MUTAL FUNDS		843,577
	TIAA-CREF LFCYLE IDX 2040-INST	MUTAL FUNDS		641,182
	TIAA-CREF LFCYLE IDX 2045-INST	MUTAL FUNDS		665,863
	TIAA-CREF LFCYLE IDX 2050-INST	MUTAL FUNDS		532,109
	TIAA-CREF LFCYLE IDX 2055-INST	MUTAL FUNDS		598,089
	TIAA-CREF LFCYLE IDX RTIN-INST	MUTAL FUNDS		560,651
	AMERICAN EUROPAC GROWTH R6	MUTAL FUNDS		37,970
	AMERICAN FD NEW PERSPECTIVE R6	MUTAL FUNDS		123,197
	PGIM TOTAL RETURN BOND Z	MUTAL FUNDS		124,339
	VANGUARD SMALL-CAP IDX ADM	MUTAL FUNDS		50,985
	VANGUARD TTL BD MKT IDX ADM	MUTAL FUNDS		179,931
	VANGUARD MID-CAP IDX ADM	MUTAL FUNDS		47,653
	TIAA ACCESS-AF EURO PAC GR T4	MUTAL FUNDS		625
	AMERICAN WASHINGTON MUT INV R6	MUTAL FUNDS		215,639
	TIAA ACCESS-AF WASH MUT INV T4	POOLED SEPARATE ACCOUNTS		60,295
	TIAA ACCESS-WAM CORE PL BD T4	POOLED SEPARATE ACCOUNTS		15,030
	TIAA ACCESS INTL EQUITY IDX T4	POOLED SEPARATE ACCOUNTS		27,422
	TIAA ACCESS S&P 500 INDEX T4	POOLED SEPARATE ACCOUNTS		3,242
	TIAA ACCESS HIGH-YIELD T4	POOLED SEPARATE ACCOUNTS		23,111
	TIAA ACCESS SHORT-TERM BOND T4	POOLED SEPARATE ACCOUNTS		28,687
	TIAA ACCESS-DFA EMG MKT PRT T4	POOLED SEPARATE ACCOUNTS		40,626
	TIAA ACCESS-VAN EM MK ST IX T4	POOLED SEPARATE ACCOUNTS		5,640
	TIAA ACCESS-VAN EXPLORER T4	POOLED SEPARATE ACCOUNTS		19,280

[illegible]