

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>EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK</u>	1b Three-digit plan number (PN) ▶	<u>003</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>UNITED COMMUNITY ACTION NETWORK</u> <u>280 NE KENNETH FORD DR</u> <u>ROSEBURG, OR 97470-1034</u>		
1c Effective date of plan <u>01/01/2016</u>		
2b Employer Identification Number (EIN) <u>93-0587136</u>		
2c Plan Sponsor's telephone number <u>541-672-3421</u>		
2d Business code (see instructions) <u>561110</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.	10/16/2023	RACHEL ANGLIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (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		5 270
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) 206
a(2) Total number of active participants at the end of the plan year		6a(2) 192
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 105
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 297
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 297
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 267
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 13
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: 2F 2G 2S 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED COMMUNITY ACTION NETWORK	D Employer Identification Number (EIN) 93-0587136	

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

(a) Name of insurance carrier MUTUAL OF AMERICA
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	060024	297	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	1363

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
SEATTLE 10230 NE POINTS DRIVE SUITE 550 KIRKLAND, WA 98033-7808

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1363	INCENTIVE COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	159159
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2565265

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	143892
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c	Additions: (1) Contributions deposited during the year	7c(1)	30425
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	400
	(4) Transferred from separate account	7c(4)	6989
	(5) Other (specify below)	7c(5)	1230

▶ OTHER

(6) Total additions	7c(6)	39044
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	182936
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11697
(2) Administration charge made by carrier	7e(2)	239
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)	7e(4)	11841

▶ ADJUSTMENTS

(5) Total deductions	7e(5)	23777
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	159159
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED COMMUNITY ACTION NETWORK	D Employer Identification Number (EIN) 93-0587136

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

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

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	INSURANCE CARRIER	1503	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK	B Three-digit plan number (PN) ▶	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNITED COMMUNITY ACTION NETWORK	D Employer Identification Number (EIN) 93-0587136	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	SEPARATE ACCOUNT NUMBER SA1
--	------------------------------------

b Name of sponsor of entity listed in (a):	MUTUAL OF AMERICA
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c EIN-PN 13-1614399-003	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2565255
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

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

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

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED COMMUNITY ACTION NETWORK</u>	D Employer Identification Number (EIN) <u>93-0587136</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	34449	62514
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2676614	2565255
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	143892	159159
(15) Other	1c(15)	0	0

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	2854955	2786928

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2854955	2786928
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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)	203794	
(B) Participants	2a(1)(B)	316260	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		520054
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2626	
(F) Other	2b(1)(F)	391	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3017
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-428222
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		94849
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	160097	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		160097
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2910	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2910
j Total expenses. Add all expense amounts in column (b) and enter total	2j		163007
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-68158
l Transfers of assets:			
(1) To this plan	2l(1)		131
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WICKS EMMETT LLP**

(2) EIN: **93-0718861**

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		42735

	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 EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED COMMUNITY ACTION NETWORK		D Employer Identification Number (EIN) 93-0587136
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3590259		
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

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 _____

EMPLOYEE BENEFIT PLAN OF
UNITED COMMUNITY ACTION NETWORK

FINANCIAL STATEMENTS
and SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2022 and 2021

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK

Table of Contents

	<u>Page</u>
INDEPENDENT AUDITORS' REPORTS	1 - 3
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits As of December 31, 2022 and 2021	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2022	5
Notes to Financial Statements	6 - 11
SUPPLEMENTARY INFORMATION	
Schedule H - Line 4 i - Schedule of Assets (Held at End of Year) – December 31, 2022	12
Schedule H - Line 4 a - Schedule of Delinquent Participant Contributions – December 31, 2022	13

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
Employee Benefit Plan of United Community Action Network
Roseburg, Oregon

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

We have performed audits of the accompanying financial statements of the Employee Benefit Plan of United Community Action Network (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 audits of the Employee Benefit Plan of United Community Action Network'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 a qualified institution 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 5 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 Auditors' Responsibilities for the Audit of the Financial Statements section—

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Employee Benefit Plan of United Community Action Network 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 Employee Benefit Plan of United Community Action Network's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules as listed in the accompanying table of contents, are presented for purposes of additional analysis and are not a required part of the financial statements, but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Roseburg, Oregon
October 13, 2023

FINANCIAL STATEMENTS

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments, at Fair Value:		
Pooled Separate Accounts	\$ 2,724,414	\$ 2,820,506
Total Investments	<u>2,724,414</u>	<u>2,820,506</u>
Notes Receivable from Participants	<u>62,514</u>	<u>34,449</u>
Receivables:		
Participants' Deferral Contributions	14,770	-
Employer's Contribution	<u>9,946</u>	<u>-</u>
Total Receivables	<u>24,716</u>	<u>-</u>
TOTAL ASSETS	<u>2,811,644</u>	<u>2,854,955</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,811,644</u></u>	<u><u>\$ 2,854,955</u></u>

**EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022**

	2022
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Contributions:	
Employer	\$ 331,030
Participants	213,740
Total Contributions	544,770
Investment Income:	
Interest on Participant Loans	2,626
Net Appreciation (Depreciation) in Fair Value of Investments	(427,700)
Total Investment Income	(425,074)
TOTAL ADDITIONS TO NET ASSETS	119,696
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits Paid to Participants	160,097
Administrative Expenses	2,910
TOTAL DEDUCTIONS FROM NET ASSETS	163,007
NET INCREASE (DECREASE) IN NET ASSETS	(43,311)
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	2,854,955
END OF YEAR	\$ 2,811,644

NOTES TO FINANCIAL STATEMENTS

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Employee Benefit Plan of United Community Action Network (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a self-directed, defined contribution plan with an elective section 401(k) salary reduction option that covers all employees of United Community Action Network, commonly referred to as UCAN (Company). All eligible employees are able to participate in the Plan after completing six (6) consecutive months with the Company and have attained the age of twenty-one (21). Employees become eligible participants of the Plan on the first day of the month immediately following or coinciding with satisfaction of the eligibility requirements, as defined by the provisions of the Plan agreement. The profit sharing plan was established in 2016, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent qualified retirement plan legislation.

Plan Amendments and Restatements

The Plan was amended and restatement effective January 1, 2022 as part of the Cycle 3 restatement required to bring the Plan into compliance with the legislative and regulatory changes set forth by the IRS.

Contributions

The Company's matching contribution is 100% of the first 3% of base compensation that a participant contributes to the Plan. Participants may elect to voluntarily contribute to the Plan for their own benefit. Participant voluntary contributions are elective and permit participants' deductible voluntary contributions to be funded through salary reductions under the Section 401(k) provisions of the Plan. Participants can elect to contribute pre-tax deferrals and/or post-tax Roth deferrals.

Participants are limited in their Section 401(k) contributions by discrimination testing of Section 401(k) of the Internal Revenue Code. The maximum Section 401(k) contribution amount, per participant, was \$20,500 for 2022 (\$19,500 for 2021). However, for participants age 50 and above, additional "catch-up" contributions were allowed, up to \$6,500 for 2022 (\$6,500 for 2021) for a total annual amount of \$27,000 for 2022 (\$26,000 for 2021).

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are vested in the Company's match contributions to their accounts plus the earnings thereon based on years of continuous service. A participant is 100% vested after three years of credited service, based on a graded vesting schedule.

Participants Loans

Under the Plan, participants may borrow from their fund accounts a minimum of \$1,000 up to the lesser of 50% of the participant's vested account balance or \$50,000, determined immediately before the loan and reduced by the amount of any unpaid principal on any other loans secured by the vested portion of the account. Loan transactions are treated as a transfer from (to) the investment funds to (from) the Loans to Participants account. Interest earned is recorded in the Interest on Participant Loans account. Loans are made for terms not to exceed 5 years. A participant may not have more than two loans outstanding at any time.

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS (Continued)
DECEMBER 31, 2022 AND 2021

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Participants Loans - Continued

Loans are secured by the balance of a participant's vested account balance, and bear a reasonable rate of interest determined by the Administrator after reviewing the interest rates charged for similar types of loans by other lenders. Principal and interest is paid ratably through semi-monthly payroll deductions or via monthly payments made directly to the Administrator by the participant.

Investment Options

Upon enrollment in the Plan, each participant elects to self-direct the investment of their entire account balance in 1% increments, which are limited to any of the investment funds offered by and entrusted to Mutual of America Life Insurance Company, as custodian. Participants may change their investment options daily.

Payment of Benefits

Any Plan benefits are paid from net assets available for benefits. On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in the form of a lump-sum amount or installments. For termination of service due to other reasons, a participant receives the value of the vested interest in his or her account as a lump-sum distribution. The plan also allows for age 59 1/2 in-service and hardship distributions.

Forfeited Accounts

Forfeitures of nonvested participant accounts are to be used to reduce employer contributions. As of December 31, 2022 and 2021 there were no forfeited non-vested accounts and the earnings thereon. Forfeitures of \$7,986 and \$5,547 were used to reduce employer contributions in the years ended December 31, 2022 and 2021, respectively.

Termination

Although it has not expressed any intention to do so, the Company may suspend or discontinue its contributions under the Plan, and may terminate the Plan, at any time subject to the provisions of ERISA. Upon termination, the Plan agreement provides that the rights of all participants to the benefits accrued through the date of termination, to the extent then funded, shall become fully vested and non-forfeitable. Distribution of accrued benefits shall be in accordance with the provisions of the Plan and federal regulations.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS (Continued)
DECEMBER 31, 2022 AND 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties

The Plan provides for various mutual fund options that have different investment strategies. These mutual funds are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition

Plan investments are reported at fair value. Fair value is the price that would be received to sell an asset. See Note 4 for a discussion of fair value measurements.

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

Administrative Expenses

The Plan's accounting and legal expenses are paid by the Plan Sponsor. Loan origination fees, loan maintenance fees and fees for distributions are paid directly by the individual participants. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 3 – TAX STATUS

The Plan obtained its latest determination letter on November 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

The Plan has been amended since receiving the determination letter from the Internal Revenue Service. However, the Plan Administrator has obtained an IRS volume submitter approval letter, which may constitute reliance on the approved plan. The Plan's Advisory Committee and legal and tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that, therefore, the Plan continues to qualify under Section 401(a) and the related trust is tax-exempt as of December 31, 2022. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, 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).

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS (Continued)
DECEMBER 31, 2022 AND 2021

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The three levels of the fair value hierarchy under FASB ASC 820-10 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 the following:
 - Quoted prices for similar assets or liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in inactive markets
 - Inputs other than quoted prices that are observable for the asset or liability
 - Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

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

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

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

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.

- *Pooled Separate Accounts:* Number of shares owned in the underlying separate account multiplied by the closing net asset value per unit as quoted by the contract issuer.

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

The following table sets forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2022 and 2021.

Assets at Fair Value at December 31, 2022				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:	\$ --	\$2,724,414	\$ --	\$ 2,724,414
Total investments at fair value				<u>\$ 2,724,414</u>

Assets at Fair Value at December 31, 2021				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:	\$ --	\$2,820,506	\$ --	\$ 2,820,506
Total investments at fair value				<u>\$ 2,820,506</u>

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS (Continued)
DECEMBER 31, 2022 AND 2021

NOTE 5 – INFORMATION CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of compliance as permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA of 1974. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Mutual of America Life Insurance Company, the custodian of the Plan, as complete and accurate, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedule.

As required by Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA of 1974, Mutual of America Life Insurance Company has provided the plan administrator with the required certified statements on contributions invested at Mutual of America Life Insurance Company for the years ended December 31, 2022 and 2021.

Investments at Fair Value:

<u>Investment Type</u>	<u>2022</u>	<u>2021</u>
Pooled Separate Accounts	\$ 2,724,414	\$ 2,820,506
Notes Receivable from Participants	<u>62,514</u>	<u>34,449</u>
Total Investments per Plan Statements:	<u>\$ 2,786,928</u>	<u>\$ 2,854,955</u>

Investment Income

Net Appreciation (Depreciation) in Fair Value of Investments	\$ (427,831)
Interest on Participant Loans	<u>1,352</u>
Total Investment Income (Loss)	<u>\$ (426,479)</u>

NOTE 6 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of balances per the financial statements to the Form 5500:

	<u>Year Ended December 31, 2022</u>
<u>Assets:</u>	
Interest in Pooled separate accounts per the financial statements	\$ 2,724,414
Less: Interest held in insurance company general	(159,159)
Less: Interest in pooled separate accounts categorized by third party administrator as interest in registered investment companies per the 5500	<u>(2,565,255)</u>
Interest in pooled separate accounts per the Form 5500	<u>\$ -</u>

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS (Continued)
DECEMBER 31, 2022 AND 2021

NOTE 6 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

Net Assets Available For Benefits:

Net assets available for benefits per the financial statements	\$ 2,811,644
Less: Participant receivables	14,770
Less: Employer receivables	<u>9,946</u>
Net Assets per the Form 5500	<u>\$ 2,786,928</u>

Income:

Net (depreciation) in fair value of investments per the financial statements	\$ (427,700)
Less: income classified as other interest on 5500	(391)
Less: transfers to the plan	<u>(131)</u>
Net investment (loss) per the Form 5500	<u>\$ (428,222)</u>

NOTE 7 – RELATED PARTY TRANSACTIONS

Certain plan investments are shares of pooled separate accounts held and managed by Mutual of America Life Insurance Company (Mutual of America). Mutual of America was the custodian of the plan assets and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 8 – SUBSEQUENT EVENTS

In preparing these financial statements, the plan administrator has evaluated subsequent events and transactions for potential recognition or disclosure through October 13, 2023, which represents the date that the financial statements were substantially available for issuance.

SUPPLEMENTARY INFORMATION

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
EIN 93-0587136 PLAN 003
SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b) IDENTITY OF ISSUE	(c) DESCRIPTION OF INVESTMENTS	(d) COST	(e) CURRENT VALUE
<u>Pooled Separate Accounts:</u>				
* American Century VP Capital Appreciation Fund		Mutual Fund	-	\$ 3,695
* American Funds Insurance Series New World Fund		Mutual Fund	-	310
* DWS Capital Growth VIP		Mutual Fund	-	4,763
* Invesco VI Main Street Fund		Mutual Fund	-	3,247
* Fidelity VIP Asset Manager Portfolio		Mutual Fund	-	1,719
* Fidelity VIP Contrafund Portfolio		Mutual Fund	-	2,734
* Fidelity VIP Equity-Income Portfolio		Mutual Fund	-	13,622
* Fidelity VIP Mid Cap Portfolio		Mutual Fund	-	1,408
* Mutual of America 2015 Retirement Fund		Mutual Fund	-	23,729
* Mutual of America 2020 Retirement Fund		Mutual Fund	-	101,456
* Mutual of America 2025 Retirement Fund		Mutual Fund	-	245,300
* Mutual of America 2030 Retirement Fund		Mutual Fund	-	649,298
* Mutual of America 2035 Retirement Fund		Mutual Fund	-	346,652
* Mutual of America 2040 Retirement Fund		Mutual Fund	-	253,969
* Mutual of America 2045 Retirement Fund		Mutual Fund	-	282,394
* Mutual of America 2050 Retirement Fund		Mutual Fund	-	243,377
* Mutual of America 2055 Retirement Fund		Mutual Fund	-	126,877
* Mutual of America 2060 Retirement Fund		Mutual Fund	-	52,184
* Mutual of America 2065 Retirement Fund		Mutual Fund	-	16,357
* Mutual of America Aggressive Allocation Fund		Mutual Fund	-	26,521
* Mutual of America All America Fund		Mutual Fund	-	12,710
* Mutual of America Bond Fund		Mutual Fund	-	1,514
* Mutual of America Conservative Allocation Fund		Mutual Fund	-	7,895
* Mutual of America Equity Index Fund		Mutual Fund	-	24,981
* Mutual of America General Account		General Insurance	-	159,159
* Mutual of America International Fund		Mutual Fund	-	3,057
* Mutual of America Mid Cap Value Fund		Mutual Fund	-	8,567
* Mutual of America Mid-Cap Equity Index Fund		Mutual Fund	-	9,106
* Mutual of America Moderate Allocation Fund		Mutual Fund	-	29,706
* Mutual of America Money Market Fund		Mutual Fund	-	221
* Mutual of America Retirement Income Fund		Mutual Fund	-	8,567
* Mutual of America Small Cap Growth Fund		Mutual Fund	-	3,638
* Mutual of America Small Cap Value Fund		Mutual Fund	-	2,285
* Neuberger Berman AMT Sustainable Equity Portfolio		Mutual Fund	-	342
* PIMCO VIT Real Return Portfolio		Mutual Fund	-	1,443
* T. Rowe Price Blue Chip Growth Portfolio		Mutual Fund	-	26,603
* Vanguard VIF Diversified Value Portfolio		Mutual Fund	-	19,482
* Vanguard VIF International Portfolio		Mutual Fund	-	134
* Vanguard VIF Real Estate Index		Mutual Fund	-	3,685
* Vanguard Total Bond Market I		Mutual Fund	-	1,462
* Victory RS Small Cap Growth Equity VIP		Mutual Fund	-	245
Sub-Total - Pooled Separate Accounts				2,724,414
<u>Participant Loans:</u>				
* Participant Loans		4.25%-6.50%	-	62,514
				\$ 2,786,928

* = asterisk indicates party-in-interest

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
EIN 93-0587136 PLAN 003
SCHEDULE H - LINE 4a -SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$42,736			

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 401(k) Profit Sharing Plan for Employees of United Community Action Network

EIN: 93-0587136

PN: 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		3,695
*	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		310
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		4,763
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		1,719
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		2,734
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		13,632
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		1,408
*	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		3,247
*	Mutual of America	GROUP ANNUITY CONTRACT LOAN FUND		62,514
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2015 Retirement Fund		23,729
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2020 Retirement Fund		101,456
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2025 Retirement Fund		245,300
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2030 Retirement Fund		649,297
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2035 Retirement Fund		346,652
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2040 Retirement Fund		253,969
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2045 Retirement Fund		282,394
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2050 Retirement Fund		243,377
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2055 Retirement Fund		126,877
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2060 Retirement Fund		52,184

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 401(k) Profit Sharing Plan for Employees of United Community Action Network

EIN: 93-0587136

PN: 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2065 Retirement Fund		16,357
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Aggressive Allocation Fund		26,521
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America All America Fund		12,710
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Bond Fund		1,514
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Conservative Allocation Fund		7,895
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Equity Index Fund		24,981
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		159,159
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America International Fund		3,057
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid Cap Value Fund		8,567
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid-Cap Equity Index Fund		9,106
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Moderate Allocation Fund		29,706
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Money Market Fund		221
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Retirement Income Fund		8,567
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Growth Fund		3,638
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Value Fund		2,285
*	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sustainable Equity Portfolio		342
*	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		1,443
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		26,603
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		19,482

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 401(k) Profit Sharing Plan for Employees of United Community Action Network

EIN: 93-0587136

PN: 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		134
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		3,685
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		1,462
*	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		245

EMPLOYEE BENEFIT PLAN OF
UNITED COMMUNITY ACTION NETWORK

FINANCIAL STATEMENTS
and SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2022 and 2021

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK

Table of Contents

	<u>Page</u>
INDEPENDENT AUDITORS' REPORTS	1 - 3
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits As of December 31, 2022 and 2021	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2022	5
Notes to Financial Statements	6 - 11
SUPPLEMENTARY INFORMATION	
Schedule H - Line 4 i - Schedule of Assets (Held at End of Year) – December 31, 2022	12
Schedule H - Line 4 a - Schedule of Delinquent Participant Contributions – December 31, 2022	13

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
Employee Benefit Plan of United Community Action Network
Roseburg, Oregon

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

We have performed audits of the accompanying financial statements of the Employee Benefit Plan of United Community Action Network (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 audits of the Employee Benefit Plan of United Community Action Network'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 a qualified institution 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 5 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 Auditors' Responsibilities for the Audit of the Financial Statements section—

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Employee Benefit Plan of United Community Action Network 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 Employee Benefit Plan of United Community Action Network's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules as listed in the accompanying table of contents, are presented for purposes of additional analysis and are not a required part of the financial statements, but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Roseburg, Oregon
October 13, 2023

FINANCIAL STATEMENTS

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments, at Fair Value:		
Pooled Separate Accounts	\$ 2,724,414	\$ 2,820,506
Total Investments	<u>2,724,414</u>	<u>2,820,506</u>
Notes Receivable from Participants	<u>62,514</u>	<u>34,449</u>
Receivables:		
Participants' Deferral Contributions	14,770	-
Employer's Contribution	<u>9,946</u>	<u>-</u>
Total Receivables	<u>24,716</u>	<u>-</u>
TOTAL ASSETS	<u>2,811,644</u>	<u>2,854,955</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,811,644</u></u>	<u><u>\$ 2,854,955</u></u>

**EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022**

	2022
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Contributions:	
Employer	\$ 331,030
Participants	213,740
Total Contributions	<u>544,770</u>
Investment Income:	
Interest on Participant Loans	2,626
Net Appreciation (Depreciation) in Fair Value of Investments	<u>(427,700)</u>
Total Investment Income	<u>(425,074)</u>
TOTAL ADDITIONS TO NET ASSETS	<u>119,696</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits Paid to Participants	160,097
Administrative Expenses	<u>2,910</u>
TOTAL DEDUCTIONS FROM NET ASSETS	<u>163,007</u>
NET INCREASE (DECREASE) IN NET ASSETS	(43,311)
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	<u>2,854,955</u>
END OF YEAR	<u><u>\$ 2,811,644</u></u>

NOTES TO FINANCIAL STATEMENTS

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Employee Benefit Plan of United Community Action Network (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a self-directed, defined contribution plan with an elective section 401(k) salary reduction option that covers all employees of United Community Action Network, commonly referred to as UCAN (Company). All eligible employees are able to participate in the Plan after completing six (6) consecutive months with the Company and have attained the age of twenty-one (21). Employees become eligible participants of the Plan on the first day of the month immediately following or coinciding with satisfaction of the eligibility requirements, as defined by the provisions of the Plan agreement. The profit sharing plan was established in 2016, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent qualified retirement plan legislation.

Plan Amendments and Restatements

The Plan was amended and restatement effective January 1, 2022 as part of the Cycle 3 restatement required to bring the Plan into compliance with the legislative and regulatory changes set forth by the IRS.

Contributions

The Company's matching contribution is 100% of the first 3% of base compensation that a participant contributes to the Plan. Participants may elect to voluntarily contribute to the Plan for their own benefit. Participant voluntary contributions are elective and permit participants' deductible voluntary contributions to be funded through salary reductions under the Section 401(k) provisions of the Plan. Participants can elect to contribute pre-tax deferrals and/or post-tax Roth deferrals.

Participants are limited in their Section 401(k) contributions by discrimination testing of Section 401(k) of the Internal Revenue Code. The maximum Section 401(k) contribution amount, per participant, was \$20,500 for 2022 (\$19,500 for 2021). However, for participants age 50 and above, additional "catch-up" contributions were allowed, up to \$6,500 for 2022 (\$6,500 for 2021) for a total annual amount of \$27,000 for 2022 (\$26,000 for 2021).

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are vested in the Company's match contributions to their accounts plus the earnings thereon based on years of continuous service. A participant is 100% vested after three years of credited service, based on a graded vesting schedule.

Participants Loans

Under the Plan, participants may borrow from their fund accounts a minimum of \$1,000 up to the lesser of 50% of the participant's vested account balance or \$50,000, determined immediately before the loan and reduced by the amount of any unpaid principal on any other loans secured by the vested portion of the account. Loan transactions are treated as a transfer from (to) the investment funds to (from) the Loans to Participants account. Interest earned is recorded in the Interest on Participant Loans account. Loans are made for terms not to exceed 5 years. A participant may not have more than two loans outstanding at any time.

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS (Continued)
DECEMBER 31, 2022 AND 2021

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Participants Loans - Continued

Loans are secured by the balance of a participant's vested account balance, and bear a reasonable rate of interest determined by the Administrator after reviewing the interest rates charged for similar types of loans by other lenders. Principal and interest is paid ratably through semi-monthly payroll deductions or via monthly payments made directly to the Administrator by the participant.

Investment Options

Upon enrollment in the Plan, each participant elects to self-direct the investment of their entire account balance in 1% increments, which are limited to any of the investment funds offered by and entrusted to Mutual of America Life Insurance Company, as custodian. Participants may change their investment options daily.

Payment of Benefits

Any Plan benefits are paid from net assets available for benefits. On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in the form of a lump-sum amount or installments. For termination of service due to other reasons, a participant receives the value of the vested interest in his or her account as a lump-sum distribution. The plan also allows for age 59 1/2 in-service and hardship distributions.

Forfeited Accounts

Forfeitures of nonvested participant accounts are to be used to reduce employer contributions. As of December 31, 2022 and 2021 there were no forfeited non-vested accounts and the earnings thereon. Forfeitures of \$7,986 and \$5,547 were used to reduce employer contributions in the years ended December 31, 2022 and 2021, respectively.

Termination

Although it has not expressed any intention to do so, the Company may suspend or discontinue its contributions under the Plan, and may terminate the Plan, at any time subject to the provisions of ERISA. Upon termination, the Plan agreement provides that the rights of all participants to the benefits accrued through the date of termination, to the extent then funded, shall become fully vested and non-forfeitable. Distribution of accrued benefits shall be in accordance with the provisions of the Plan and federal regulations.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS (Continued)
DECEMBER 31, 2022 AND 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties

The Plan provides for various mutual fund options that have different investment strategies. These mutual funds are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition

Plan investments are reported at fair value. Fair value is the price that would be received to sell an asset. See Note 4 for a discussion of fair value measurements.

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

Administrative Expenses

The Plan's accounting and legal expenses are paid by the Plan Sponsor. Loan origination fees, loan maintenance fees and fees for distributions are paid directly by the individual participants. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 3 – TAX STATUS

The Plan obtained its latest determination letter on November 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

The Plan has been amended since receiving the determination letter from the Internal Revenue Service. However, the Plan Administrator has obtained an IRS volume submitter approval letter, which may constitute reliance on the approved plan. The Plan's Advisory Committee and legal and tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that, therefore, the Plan continues to qualify under Section 401(a) and the related trust is tax-exempt as of December 31, 2022. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, 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).

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS (Continued)
DECEMBER 31, 2022 AND 2021

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The three levels of the fair value hierarchy under FASB ASC 820-10 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 the following:
 - Quoted prices for similar assets or liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in inactive markets
 - Inputs other than quoted prices that are observable for the asset or liability
 - Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

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

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

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

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.

- *Pooled Separate Accounts:* Number of shares owned in the underlying separate account multiplied by the closing net asset value per unit as quoted by the contract issuer.

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

The following table sets forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2022 and 2021.

Assets at Fair Value at December 31, 2022				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:	\$ --	\$2,724,414	\$ --	\$ 2,724,414
Total investments at fair value				<u>\$ 2,724,414</u>

Assets at Fair Value at December 31, 2021				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:	\$ --	\$2,820,506	\$ --	\$ 2,820,506
Total investments at fair value				<u>\$ 2,820,506</u>

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS (Continued)
DECEMBER 31, 2022 AND 2021

NOTE 5 – INFORMATION CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of compliance as permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA of 1974. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Mutual of America Life Insurance Company, the custodian of the Plan, as complete and accurate, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedule.

As required by Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA of 1974, Mutual of America Life Insurance Company has provided the plan administrator with the required certified statements on contributions invested at Mutual of America Life Insurance Company for the years ended December 31, 2022 and 2021.

Investments at Fair Value:

<u>Investment Type</u>	<u>2022</u>	<u>2021</u>
Pooled Separate Accounts	\$ 2,724,414	\$ 2,820,506
Notes Receivable from Participants	<u>62,514</u>	<u>34,449</u>
Total Investments per Plan Statements:	<u>\$ 2,786,928</u>	<u>\$ 2,854,955</u>

Investment Income

Net Appreciation (Depreciation) in Fair Value of Investments	\$ (427,831)
Interest on Participant Loans	<u>1,352</u>
Total Investment Income (Loss)	<u>\$ (426,479)</u>

NOTE 6 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of balances per the financial statements to the Form 5500:

	<u>Year Ended December 31, 2022</u>
<u>Assets:</u>	
Interest in Pooled separate accounts per the financial statements	\$ 2,724,414
Less: Interest held in insurance company general	(159,159)
Less: Interest in pooled separate accounts categorized by third party administrator as interest in registered investment companies per the 5500	<u>(2,565,255)</u>
Interest in pooled separate accounts per the Form 5500	<u>\$ -</u>

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
NOTES TO FINANCIAL STATEMENTS (Continued)
DECEMBER 31, 2022 AND 2021

NOTE 6 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

Net Assets Available For Benefits:

Net assets available for benefits per the financial statements	\$ 2,811,644
Less: Participant receivables	14,770
Less: Employer receivables	<u>9,946</u>
Net Assets per the Form 5500	<u>\$ 2,786,928</u>

Income:

Net (depreciation) in fair value of investments per the financial statements	\$ (427,700)
Less: income classified as other interest on 5500	(391)
Less: transfers to the plan	<u>(131)</u>
Net investment (loss) per the Form 5500	<u>\$ (428,222)</u>

NOTE 7 – RELATED PARTY TRANSACTIONS

Certain plan investments are shares of pooled separate accounts held and managed by Mutual of America Life Insurance Company (Mutual of America). Mutual of America was the custodian of the plan assets and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 8 – SUBSEQUENT EVENTS

In preparing these financial statements, the plan administrator has evaluated subsequent events and transactions for potential recognition or disclosure through October 13, 2023, which represents the date that the financial statements were substantially available for issuance.

SUPPLEMENTARY INFORMATION

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
EIN 93-0587136 PLAN 003
SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

<u>(a)</u>	<u>(b) IDENTITY OF ISSUE</u>	<u>(c) DESCRIPTION OF INVESTMENTS</u>	<u>(d) COST</u>	<u>(e) CURRENT VALUE</u>
<u>Pooled Separate Accounts:</u>				
* American Century VP Capital Appreciation Fund		Mutual Fund	-	\$ 3,695
* American Funds Insurance Series New World Fund		Mutual Fund	-	310
* DWS Capital Growth VIP		Mutual Fund	-	4,763
* Invesco VI Main Street Fund		Mutual Fund	-	3,247
* Fidelity VIP Asset Manager Portfolio		Mutual Fund	-	1,719
* Fidelity VIP Contrafund Portfolio		Mutual Fund	-	2,734
* Fidelity VIP Equity-Income Portfolio		Mutual Fund	-	13,622
* Fidelity VIP Mid Cap Portfolio		Mutual Fund	-	1,408
* Mutual of America 2015 Retirement Fund		Mutual Fund	-	23,729
* Mutual of America 2020 Retirement Fund		Mutual Fund	-	101,456
* Mutual of America 2025 Retirement Fund		Mutual Fund	-	245,300
* Mutual of America 2030 Retirement Fund		Mutual Fund	-	649,298
* Mutual of America 2035 Retirement Fund		Mutual Fund	-	346,652
* Mutual of America 2040 Retirement Fund		Mutual Fund	-	253,969
* Mutual of America 2045 Retirement Fund		Mutual Fund	-	282,394
* Mutual of America 2050 Retirement Fund		Mutual Fund	-	243,377
* Mutual of America 2055 Retirement Fund		Mutual Fund	-	126,877
* Mutual of America 2060 Retirement Fund		Mutual Fund	-	52,184
* Mutual of America 2065 Retirement Fund		Mutual Fund	-	16,357
* Mutual of America Aggressive Allocation Fund		Mutual Fund	-	26,521
* Mutual of America All America Fund		Mutual Fund	-	12,710
* Mutual of America Bond Fund		Mutual Fund	-	1,514
* Mutual of America Conservative Allocation Fund		Mutual Fund	-	7,895
* Mutual of America Equity Index Fund		Mutual Fund	-	24,981
* Mutual of America General Account		General Insurance	-	159,159
* Mutual of America International Fund		Mutual Fund	-	3,057
* Mutual of America Mid Cap Value Fund		Mutual Fund	-	8,567
* Mutual of America Mid-Cap Equity Index Fund		Mutual Fund	-	9,106
* Mutual of America Moderate Allocation Fund		Mutual Fund	-	29,706
* Mutual of America Money Market Fund		Mutual Fund	-	221
* Mutual of America Retirement Income Fund		Mutual Fund	-	8,567
* Mutual of America Small Cap Growth Fund		Mutual Fund	-	3,638
* Mutual of America Small Cap Value Fund		Mutual Fund	-	2,285
* Neuberger Berman AMT Sustainable Equity Portfolio		Mutual Fund	-	342
* PIMCO VIT Real Return Portfolio		Mutual Fund	-	1,443
* T. Rowe Price Blue Chip Growth Portfolio		Mutual Fund	-	26,603
* Vanguard VIF Diversified Value Portfolio		Mutual Fund	-	19,482
* Vanguard VIF International Portfolio		Mutual Fund	-	134
* Vanguard VIF Real Estate Index		Mutual Fund	-	3,685
* Vanguard Total Bond Market I		Mutual Fund	-	1,462
* Victory RS Small Cap Growth Equity VIP		Mutual Fund	-	245
Sub-Total - Pooled Separate Accounts				2,724,414
<u>Participant Loans:</u>				
* Participant Loans		4.25%-6.50%	-	62,514
				\$ 2,786,928

* = asterisk indicates party-in-interest

EMPLOYEE BENEFIT PLAN OF UNITED COMMUNITY ACTION NETWORK
EIN 93-0587136 PLAN 003
SCHEDULE H - LINE 4a -SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$42,736			