Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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.)
- [X] 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:
- [X] 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
MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1985

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)
MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN

320 PARK AVENUE
2ND FLOOR
NEW YORK, NY 10022

2b Employer Identification Number (EIN) 13-1614399

2c Plan Sponsor's telephone number 212-224-1015

2d Business code (see instructions) 525100

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	JENNY LUM
	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.

3a Plan administrator's name and address [X] 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**	1849
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)**	973
a(2) Total number of active participants at the end of the plan year	**6a(2)**	990
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	906
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1896
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f Total. Add lines **6d** and **6e**.	**6f**	1901
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1901
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2S 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	**(1)** [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	**(2)** [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	**(3)** [X] Trust
(4) [ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2022
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN

D Employer Identification Number (EIN)
13-1614399

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN FUNDS
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

AVE MARIA MUTUAL FUNDS
LLC135 MERCHANT STREET
SUITE 230
CINCINNATI, OH 45246

(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

DODGE AND COX
555 CALIFORNIA STREET
40TH FLOOR
SAN FRANCISCO, CA 94104

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

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

HARBOR

111 S. WACKER DRIVE
34TH FLOOR
CHICAGO, IL 60606

(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

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

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

BLACKROCK ADVISORS

100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

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

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

MID ATLANTIC TRUST COMPANY

1251 WATERFRONT PLACE STE 525
PITTSBURGH, PA 15222

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 SEC. CORP LLC

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 49 57 12	RECORDKEEPER	233942	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN	**D** Employer Identification Number (EIN) 13-1614399

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE TRUST A1

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA

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)
84-1142974-001	P	102193714

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

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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)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN

D Employer Identification Number (EIN)
13-1614399

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	34938	98988
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2454784	1976949
(9) Value of interest in common/collective trusts	1c(9)	0	102193714
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	468210642	281977454
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	470700364	386247105
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	470700364	386247105

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)	3399129	
(B) Participants	2a(1)(B)	10970443	
(C) Others (including rollovers)	2a(1)(C)	21211323	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		35580895
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	107974	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		107974
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5503974	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5503974
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		-74867322
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-33674479
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49523713	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	1255067	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		50778780
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		50778780
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-84453259
l Transfers of assets:			
(1) To this plan	2l(1)		
(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) [X] 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)** [X] 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: KPMG **(2)** EIN: 13-5565207

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:

		Yes	No	Amount
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.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		50000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.)	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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MUTUAL OF AMERICA LIFE INSURANCE COMPANY SAVINGS PLAN

D Employer Identification Number (EIN)
13-1614399

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): 27-3169253 _____

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** 0

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**

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_____

MUTUAL OF AMERICA SAVINGS PLAN

Financial Statements and Supplemental Schedules

December 31, 2022 and 2021

(With Independent Auditors' Report Thereon)

MUTUAL OF AMERICA SAVINGS PLAN

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022	12-13
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Note: All other supplemental schedules are omitted since they are not applicable or are not required based on the disclosure requirements of the Employee Retirement Income Security Act of 1974, as amended, and applicable regulations issued by the Department of Labor.

KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Plan Administrator and Plan Participants
Mutual of America Savings Plan:

Opinion

We have audited the financial statements of Mutual of America Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for plan benefits for the year ended December 31, 2022, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, 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.

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

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

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the KPMG global organization of independent member firms affiliated with
KPMG International Limited, a private English company limited by guarantee.

a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2022 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 has been subjected to the 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 with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

KPMG LLP

New York, New York
October 16, 2023

MUTUAL OF AMERICA SAVINGS PLAN
Statements of Net Assets Available for Plan Benefits
As of December 31, 2022 and 2021

		2022		2021
Assets held, at fair value:				
Mutual funds	$	282,076,442	$	350,447,515
Collective trust fund		102,193,714		117,798,065
Net assets available for plan benefits		384,270,156		468,245,580
Participant loans		1,976,949		2,454,784
Total plan assets	$	386,247,105	$	470,700,364

See accompanying notes to financial statements.

MUTUAL OF AMERICA SAVINGS PLAN
Statement of Changes in Net Assets Available for Plan Benefits
Year Ended December 31, 2022

Additions to net assets attributed to:		
Contributions:		
Employer	$	3,399,129
Participants		10,970,443
Rollovers		19,956,256
Principal repayments on participant loans		1,255,067
Total contributions		35,580,895
Total additions		35,580,895
Deductions from net assets attributed to:		
Withdrawals:		
Benefits paid		49,523,713
Participant loans		777,232
Total redemptions		50,300,945
Investment loss:		
Net depreciation of funds invested in Mutual Funds		74,867,322
Dividend income from Mutual Funds		(3,690,583)
Dividend income from Collective Trust Fund		(1,813,391)
Interest on participant loans		(107,974)
Total investment loss		69,255,374
Total deductions		119,556,319
Net decrease in net assets available for plan benefits		(83,975,424)
Deductions to total plan assets attributed to:		
Participant loans		(477,835)
Net decrease in total plan assets		(84,453,259)
Total plan assets:		
Beginning of the year		470,700,364
End of the year	$	386,247,105

See accompanying notes to financial statements.

(1) Description of the Plan

The following brief description of Mutual of America Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

(a) General

The Plan, which became effective on July 1, 1985, is a defined contribution plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Eligibility

An eligible employee may elect to defer a portion of pre-tax salary by directing the Mutual of America Life Insurance Company (the Company or the Plan Administrator) to contribute it to the Plan. The Company also makes matching contributions to the Plan. The Plan is available to employees of the Company and its subsidiaries who are age 21 or older.

(c) Contributions

The maximum amount that participants could contribute in 2022 was $20,500. A participant attaining age 50 or greater on or before the end of the plan year could contribute up to an additional $6,500 in 2022 (catch-up contributions). The Company will contribute on behalf of Plan participants 50% of participants' annual contributions with a maximum employer contribution of 3% of eligible compensation. The Company does not match participants' catch-up contributions. Beginning January 1, 2008, the Plan was changed to permit employees to designate all or part of their contributions to the Plan as designated Roth contributions which are after-tax contributions. Designated Roth contributions are permitted under the Internal Revenue Code by the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA).

(d) Participant Accounts and Vesting

Each participant's account is credited with the participant's contribution and the Company's contribution and investment earnings. The total value of a participant's account is fully and immediately vested.

(e) Transfers and Change of Allocation

From January 1, 2021 to December 1, 2021, prior to the transition to the Net Asset Value (NAV), participants were able to transfer their funds between the General Account and the Separate Account or between any of the funds which make up the Separate Account option on any business day. Participants may also, at any time, change the percentage of future amounts to be allocated to their account. On December 1, 2021 the Plan terminated its group annuity contract with the Plan Administrator and signed a new contract with the Plan Administrator that adopted the NAV platform. Under this platform, participants in the Plan invest directly in the underlying funds of the Investment Corporation or the retail funds of the outside managers previously offered to participants under the former group annuity contract. The General Account option that was offered under the group annuity contract was also terminated and a stable-value fund managed by an outside manager was offered in its place. Assets totaling $457,565,719 were transferred to the new platform on that date.

Under the NAV platform, participants are still able to transfer their investments between any of the investment options offered by the Plan on any business day and may also change the percentage of future amounts to be allocated to their accounts at any time.

(f) Benefits Paid to Participants

Participants are eligible to withdraw funds from the Plan upon attainment of age 59-1/2, termination of employment, death, disability, or financial hardship.

(g) Participant Loans

Effective January 1, 2017, the Plan ceased issuing new Group Annuity loans and converted to a Trustee Loan format. Under a Trustee Loan format, policyholders borrow against their vested account balance and the loans are considered assets of the Plan. Repayments of principal and interest are made to the Plan and not to the Company, as was the case under the Group Annuity format. The minimum loan size is $1,000 and the maximum loan cannot exceed 50% of a participant's account balance or $50,000. Loans used to purchase a primary residence may be repaid over 10 years. Loans for all other purposes must be repaid within 5 years. All previously issued group annuity loans have been satisfied by the borrowers. Interest rates on Trustee loans ranged from 4.25% to 6.50% for loans outstanding as of December 31, 2022, with maturities ranging from 2023 to 2032. At December 31, 2022, total Trustee loans amounted to approximately $2.0 million. Interest rates on Trustee loans ranged from 4.25% to 6.50% for loans outstanding as of December 31, 2021, with maturities ranging from 2022 to 2031. At December 31, 2021, total Trustee loans amounted to approximately $2.5 million.

The loan provisions were further amended as of January 1, 2017 to limit the number of loans that a participant may have outstanding at any one time to two. No new loans may be issued to a participant until prior loans are satisfied.

(h) Automatic Enrollment

Automatic enrollment is provided for all new employees. The initial contribution rate will be 3%, increasing by 1% each subsequent January 1 until the maximum deferral rate of 6% is reached. Auto-enrolled employees may opt out within the first 90 days of their auto-enrollment. Employees who opt out within this time period will have all elective contributions, plus or minus investment earnings refunded to them. Contributions from auto-enrolled employees who do not have an investment election on file will be enrolled in the Target Date Retirement Fund that most closely aligns with their 65th birthday.

(i) Rollover Contributions

The Plan permits participants to have their interests in other qualified plans rolled over to the Plan or to make rollover contributions into the Plan from an individual retirement account, which holds amounts attributable solely to a rollover from another qualified plan. Such transfers or rollovers to the Plan may only be made with the approval of the Plan Administrator and do not affect any other contributions made by or on behalf of a participant.

(2) Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan.

(a) Basis of Accounting

These financial statements have been prepared on the accrual basis of accounting.

Certain reclassifications of amounts at or as of December 31, 2021 have been made in order to conform with the presentation at or as of December 31, 2022.

(b) Use of Estimates

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

(c) Benefits

Benefits are recorded when paid.

(d) Administrative Expenses

Administrative expenses incurred by the Plan are paid directly by the Company and participants.

(e) Investment Valuation and Income Recognition

U.S. GAAP establishes a framework that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. NAV is used as a practical expedient in estimating mutual fund and collective trust fund fair value. U.S. GAAP establishes a three-level valuation hierarchy for measurement and disclosure of fair value.

The valuation hierarchy is based upon the transparency of inputs used to measure fair value. The three levels are as follows:

Level 1 – Quoted market prices in active markets for identical securities.

Level 2 – Other significant observable inputs (including yield, quality, coupon rate, maturity, issue type, quoted prices for similar securities, prepayment speeds, trading characteristics, etc.).

Level 3 – Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments).

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

As of December 31, 2021 and 2022 management determined that the underlying investments of the mutual funds and collective trust funds that the participants of the plan invest in are based on quoted market prices within an active market and such are classified as Level 1. These investments are exposed to the overall market risks associated with investments held in the domestic equity and fixed income markets, and as such the value of these investments could materially increase or decrease from the amounts reported in the statements of net assets available for plan benefits as conditions in the financial markets change.

The inputs used for valuing securities are not necessarily an indication of the risk associated with investing in those securities. Furthermore, although the Plan Administrator 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 Plan investments could result in a different fair value measurement at the reporting date. There have been no changes in the methodology used to determine fair value from December 31, 2021 to December 31, 2022.

Through December 1, 2021, the date of conversion to the NAV platform, the Plan's group annuity contract held in the General Account of Mutual of America, the insurance carrier for the Plan, was valued at contract value which was equal to fair value and was considered to be a cash equivalent. Contract value represents contributions made under the contract, plus interest at the credited rate, less funds used to purchase annuities and pay administrative expenses charged. Subsequent to the conversion, the NAV platform funds previously invested in the General Account are now invested in a stable-value fund managed by an outside advisor and are contained in the leveling table below as a Level 1 investment.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The following table summarizes the valuation of the Plan's investments by the above fair value hierarchy levels as of December 31, 2022 and 2021:

December 31, 2022	Level 1	Level 2	Level 3	Total
Investment under NAV				
Mutual Funds				
Index Funds	$ 87,181,596	—	—	$ 87,181,596
Balanced Funds	43,676,681	—	—	43,676,681
Growth Funds	96,673,088	—	—	96,673,088
Fixed Income Funds	15,088,373	—	—	15,088,373
Target Date Funds	39,456,704	—	—	39,456,704
Total Mutual Funds	282,076,442	—	—	282,076,442
Collective Trust Fund				
Fixed Income Fund	102,193,714	—	—	102,193,714
Total Collective Trust Fund	102,193,714	—	—	102,193,714
Grand Total	$ 384,270,156	—	—	$ 384,270,156

December 31, 2021	Level 1	Level 2	Level 3	Total
Investment under NAV				
Mutual Funds				
Index Funds	$ 103,140,452	—	—	$ 103,140,452
Balanced Funds	49,919,549	—	—	49,919,549
Growth Funds	139,150,767	—	—	139,150,767
Fixed Income Funds	11,530,707	—	—	11,530,707
Target Date Funds	46,706,040	—	—	46,706,040
Total Mutual Funds	350,447,515	—	—	350,447,515
Collective Trust Fund				
Fixed Income Fund	117,798,065	—	—	117,798,065
Total Collective Trust Fund	117,798,065			117,798,065
Grand Total	$ 468,245,580	—	—	$ 468,245,580

(3) Investments

The Plan's investments are held in a NAV contract administered by the Company. Investments in the underlying funds represent 5% or more of Plan assets. See Schedule H, Line 4j that details transactions with affiliates representing 5% or more of plan assets. There are no reserves against contract value for the issuer of the contract for credit risk of the contract issuer or otherwise.

(4) Plan Termination

Although it is the intention of the Company to continue the Plan, the Company reserves the right to terminate the Plan subject to the provisions of ERISA and the Code. Upon termination of the Plan, the Plan's assets will be distributed in accordance with the provisions of applicable laws.

(5) Party-in-Interest Transactions

As the Company is the Plan Sponsor and Plan Administrator, it is the Trustee under applicable law, and all the transactions are with a known party-in-interest as defined by ERISA Section 3(14).

(6) Tax Status

The Plan is intended to be qualified under Section 401(a) of the Internal Revenue Code (the Code) and is intended to be exempt from taxation under Section 501(a) of the Code. The Plan received a favorable determination letter from the Internal Revenue Service (IRS) dated October 8, 2015 indicating that the terms of the Plan conform to the applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, there is no tax provision recorded in the Plan's financial statements.

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

(7) Risks and Uncertainties

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

Plan investments include a variety of investments that may directly or indirectly invest in securities with contractual cash flows. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rate.

(8) Subsequent Events

Effective January 1, 2023, the Company will make a matching contribution on the Grandfathered Employee's (generally defined as a Participant in the plan who was hired before January 1, 2023 and is credited with at least 5 years of vesting service as of December 31, 2022) behalf equal to the lesser of 50% of the salary reduction amount that is contributed during the plan year or 3% of the compensation received during the plan year. For all other Participants, the Company will make (1) a matching contribution on the Participant's behalf equal to the lesser of 100% of the salary reduction amount that is contributed during the plan year or 6% of compensation received during the plan year plus (2) non-elective employer contribution of 3% of compensation, even if the Participant does not contribute. Employees hired or rehired on or after January 1, 2023 will be subject to a three-year cliff vesting schedule.

The Plan Administrator has evaluated subsequent events from December 31, 2022 through October 16, 2023 the date the financial statements were available to be issued, and no events, other than those disclosed above, have occurred that would require adjustment or disclosure in the Plan's financial statements.

Supplemental Schedule I

MUTUAL OF AMERICA SAVINGS PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

As of December 31, 2022

	Identity of issuer, Borrower, lessor, or similar party	Description of investments	Current Value
		Mutual Funds	
*	Mutual of America	Equity Index Fund	$ 46,525,170
*	Mutual of America	Mid-Cap Equity Index Fund	22,974,951
	Fidelity	Advisor New Insights Z	18,583,984
	T. Rowe Price	Blue Chip Growth Fund I Class	14,560,656
	DWS Capital	Growth Fund - Class R6	14,080,419
*	Mutual of America	All America Fund	11,902,179
	American Century	Heritage Fund R6 Class	11,554,468
	Vanguard	Windsor II Fund Admiral Shares	10,415,670
	Vanguard	International Growth Fund Admiral Shares	9,681,273
*	Mutual of America	Small Cap Value Fund	8,561,934
*	Mutual of America	Small Cap Growth Fund	8,430,338
	Fidelity	Advisor Mid Cap II Z	7,079,921
	Fidelity	Advisor Equity Income Z	6,901,208
*	Mutual of America	Small Cap Equity Index Fund	5,406,731
*	Mutual of America	2025 Retirement Fund	5,352,588
*	Mutual of America	2030 Retirement Fund	5,068,007
*	Mutual of America	2040 Retirement Fund	4,804,474
*	Mutual of America	Mid Cap Value Fund	4,469,182
*	Mutual of America	2035 Retirement Fund	4,234,372
	Vanguard	Real Estate Index Fund Admiral Shares	3,483,892
	PIMCO	Real Return Fund Institutional Class	3,353,899
*	Mutual of America	2050 Retirement Fund	3,152,435
*	Mutual of America	Retirement Income Fund	3,077,131
*	Mutual of America	2045 Retirement Fund	2,965,074
	Invesco	Main Street Fund Class R6	2,929,047
	Dodge & Cox	Stock Fund Class I	2,827,440
	Vanguard	Treasury Money Market Fund Investor	2,813,622
*	Mutual of America	Bond Fund	2,805,625
	Delaware	Small Cap Value Fund Class R6	2,723,313
*	Mutual of America	Aggressive Allocation Fund	2,527,704
*	Mutual of America	Money Market Fund	2,243,449
	MFS	Mid Cap Value Fund Class R6	1,970,447
	Vanguard	Total Bond Market Index Fund Admiral	1,945,662
*	Mutual of America	Moderate Allocation Fund	1,871,481
*	Mutual of America	2020 Retirement Fund	1,829,251
*	Mutual of America	Mid-Term Bond Fund	1,826,121

* Indicates party-in-interest

See accompanying independent auditors' report.

continued…

MUTUAL OF AMERICA SAVINGS PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2022

	Identity of issuer, Borrower, lessor, or similar party	Description of investments	Current Value
		Mutual Funds (Continued)	
	American Funds	New World Fund Class R-6	1,816,912
*	Mutual of America	2060 Retirement Fund	1,528,702
*	Mutual of America	Composite Fund	1,395,536
*	Mutual of America	Conservative Allocation Fund	1,336,731
	T. Rowe Price	Spectrum Conservative Allocation Fund I Class	1,147,711
	Goldman Sachs	Small Cap Equity Insights Fund Class R6	1,140,442
	American Funds	Washington Mutual Investors Fund R6	1,016,716
*	Mutual of America	2055 Retirement Fund	937,123
	BlackRock	Mid-Cap Growth Equity Portfolio Class K	912,381
*	Mutual of America	International Fund	802,160
	Calvert	Balanced Fund Class R6	784,008
	Goldman Sachs	U.S. Equity Insights Fund Class R6	697,306
	Victory	RS Small Cap Growth Fund Class R6	581,201
*	Mutual of America	2015 Retirement Fund	477,115
	Vanguard	Strategic Equity Fund Investor Shares	425,585
	Calvert	US Mid Cap Core Responsible Index Fund Class I	369,513
*	Mutual of America	2065 Retirement Fund Class	294,516
	Neuberger Berman	Sustainable Equity Fund Class R6	255,751
	Harbor Capital	Appreciation Fund Retirement Class	230,132
	Calvert	US Large Cap Core Responsible Index Fund Class R6	159,942
	Ave Maria	Rising Dividend Fund	139,446
*	Mutual of America	Catholic Values Index Fund Class	109,449
	Ave Maria	Bond Fund	107,851
	Calvert	International Responsible Index Fund Class R6	105,191
	Mid Atlantic	Master Cash Account	98,988
	Calvert	Small-Cap Fund Class R6	83,424
	Fidelity	Advisor Asset Manager 50% Z	82,224
	T. Rowe Price	Spectrum Moderate Growth Allocation Fund I Class	59,265
	T. Rowe Price	Spectrum Moderate Allocation Fund I Class	46,996
	Calvert	Bond Fund Class R6	1,006
		Collective Trust Fund	
	Invesco	Stable Value Trust - Class A1	102,193,715
		Participant Loans	
*	Mutual of America	Participant loans (260 contracts with interest rates ranging from 4.25% to 6.50% and maturities ranging from 2023 to 2032)	1,976,949
			$ 386,247,105

* Indicates party-in-interest

See accompanying independent auditors' report.

Supplemental
Schedule II

MUTUAL OF AMERICA SAVINGS PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

For the Year Ended December 31, 2022

Individual transactions with respect to securities of the same issuer aggregating over 5% of current value of Net Assets Available for Plan Benefits at the beginning of the year:

	Purchase Price	Selling Price	Expenses With Trade	Cost of Assets	Net Gain (Loss)
Series					
Invesco Stable Value Trust - Class A1	$ -	$ 33,549,788	N/A	$ 33,549,788	$ -
No. of Transactions		183			
Invesco Stable Value Trust - Class A1	$ 16,132,047	$ -	N/A	$ 16,132,047	$ -
No. of Transactions	62				

See accompanying independent auditors' report.

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ► Mutual of America Life Insurance Company Savings Plan
Employer Identification Number (EIN): ► 13-1614399 Three-digit plan number: ► 002
For the plan year beginning/ending: ► 01/01/2022 - 12/31/2022

(a) Identity of party involved	**(b)** Description of asset (include interest rate and maturity in case of a loan)	**(c)** Purchase Price	**(d)** Selling price	**(e)** Lease rental	**(f)** Expense incurred with transaction	**(g)** Cost of asset	**(h)** Current value of asset on transaction date	**(i)** Net gain or (loss)
Invesco	Stable Value Trust - Class A1		33,549,788			33,549,788		
Invesco	Stable Value Trust - Class A1	16,132,047				16,132,047		

Name of Plan: Mutual of America Life Insurance Company Savings Plan

►

Employer Identification Number:► 13-1614399

For plan year (beginning/ending):► 01/01/2022 - 12/31/2022 Plan number:► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	American Centry	American Century Heritage R6		11,554,468.00
*	American Funds	American Funds New World R6		1,816,912.00
*	American Funds	American Funds Washington Mutual R6		1,016,716.00
*	Ave Marie	Ave Maria Bond		107,851.00
*	Ave Marie	Ave Maria Rising Dividend		139,446.00
*	BlackRock	BlackRock Mid-Cap Growth Equity K		912,381.00
*	Calvert	Calvert Balanced R6		784,008.00
*	Calvert	Calvert Bond R6		1,006.00
*	Calvert	Calvert International Responsible Idx R6		105,191.00
*	Calvert	Calvert Small-Cap R6		83,424.00
*	Calvert	Calvert US Large Cap Core Rspnb Idx R6		159,942.00
*	Calvert	Calvert US Mid Cap Core Rspnb Idx I		369,513.00
*	DWS	DWS Capital Growth R6		14,080,419.00
*	Mid Atlantic Trust	Mid Atlantic Master Cash Account		98,987.82
*	Delaware	Delaware Small Cap Value R6		2,723,313.00
*	Dodge & Cox	Dodge & Cox Stock		2,827,440.00
*	Fidelity Advisor	Fidelity Advisor Asset Manager 50% Z		82,224.00
*	Fidelity Advisor	Fidelity Advisor Equity Income Z		6,901,208.35
*	Fidelity Advisor	Fidelity Advisor Mid Cap II Z		7,079,921.06
*	Fidelity Advisor	Fidelity Advisor New Insights Z		18,583,984.00
*	Goldman Sachs	Goldman Sachs Small Cap Eq Insghts R6		1,140,442.00
*	Goldman Sachs	Goldman Sachs US Equity Insights R6		697,306.00
*	Harbor Capital	Harbor Capital Appreciation Retirement		230,132.00
*	Invesco	Invesco Main Street Fund®		2,929,047.00
*	Invesco	Invesco Stable Value Trust A1		102,193,715.00
*	Mutual of America	Loan Balance		1,976,949.00
*	MFS	MFS Mid Cap Value R6		1,970,447.00
*	Mutual of America	Mutual of America 2015 Retirement		477,115.00
*	Mutual of America	Mutual of America 2020 Retirement		1,829,251.00
*	Mutual of America	Mutual of America 2025 Retirement		5,352,588.00
*	Mutual of America	Mutual of America 2030 Retirement		5,068,007.00
*	Mutual of America	Mutual of America 2035 Retirement		4,234,372.00
*	Mutual of America	Mutual of America 2040 Retirement		4,804,474.00
*	Mutual of America	Mutual of America 2045 Retirement		2,965,074.00
*	Mutual of America	Mutual of America 2050 Retirement		3,152,435.00
*	Mutual of America	Mutual of America 2055 Retirement		937,123.00
*	Mutual of America	Mutual of America 2060 Retirement		1,528,702.00
*	Mutual of America	Mutual of America 2065 Retirement		294,516.00
*	Mutual of America	Mutual of America Aggressive Allc		2,527,704.00
*	Mutual of America	Mutual of America All America		11,902,179.00
*	Mutual of America	Mutual of America Bond		2,805,625.00
*	Mutual of America	Mutual of America Catholic Values Index		109,449.00
*	Mutual of America	Mutual of America Composite		1,395,536.00
*	Mutual of America	Mutual of America Conservative Allc		1,336,731.00
*	Mutual of America	Mutual of America Equity Index		46,525,170.00
*	Mutual of America	Mutual of America International		802,160.00

*	Mutual of America	Mutual of America Mid Cap Value		4,469,182.00
*	Mutual of America	Mutual of America Mid-Cap Equity Index		22,974,951.00
*	Mutual of America	Mutual of America Mid-Term Bond		1,826,121.00
*	Mutual of America	Mutual of America Moderate Allc		1,871,481.00
*	Mutual of America	Mutual of America Money Market		2,243,449.00
*	Mutual of America	Mutual of America Retirement Income		3,077,131.00
*	Mutual of America	Mutual of America Small Cap Equity Index		5,406,731.00
*	Mutual of America	Mutual of America Small Cap Growth		8,430,338.00
*	Mutual of America	Mutual of America Small Cap Value		8,561,934.00
*	Neuberger Berman	Neuberger Berman Sustainable Eq R6		255,751.00
*	PIMCO	PIMCO Real Return Instl		3,353,899.00
*	T. Rowe Price	T. Rowe Price Blue Chip Growth I		14,560,656.00
*	T. Rowe Price	T. Rowe Price Spectrum Cnsrv Allc I		1,147,711.00
*	T. Rowe Price	T. Rowe Price Spectrum Mod Gr Allc I		59,265.00
*	T. Rowe Price	T. Rowe Price Spectrum Moderate Allc I		46,996.00
*	Vanguard	Vanguard International Growth Adm		9,681,273.00
*	Vanguard	Vanguard Real Estate Index Admiral		3,483,892.00
*	Vanguard	Vanguard Strategic Equity Inv		425,585.00
*	Vanguard	Vanguard Total Bond Market Index Adm		1,945,662.00
*	Vanguard	Vanguard Treasury Money Market Investor		2,813,622.00
*	Vanguard	Vanguard Windsor II Admiral		10,415,670.00
*	Vanguard	Victory RS Small Cap Growth R6		581,201.00