

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 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.) ☒ 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 403(B) THRIFT PLAN FOR EMPLOYEES OF OPPORTUNITY VILLAGE	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/01/2004
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) OPPORTUNITY VILLAGE 6300 W OAKLEY BLVD LAS VEGAS, NV 89146-1122	2b Employer Identification Number (EIN) 88-6003567 2c Plan Sponsor's telephone number 702-880-4000 2d Business code (see instructions) 624200

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	TERESE DAVIS
	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		5 551
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) 469
a(2) Total number of active participants at the end of the plan year		6a(2) 483
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 95
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 578
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 2
f Total. Add lines 6d and 6e		6f 580
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 565
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 3D 2J 2K 2E 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 3 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 403(B) THRIFT PLAN FOR EMPLOYEES OF OPPORTUNITY VILLAGE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OPPORTUNITY VILLAGE	D Employer Identification Number (EIN) 88-6003567	

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 SEC. CORP LLC
--

(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	057799	0	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	413

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
SAN DIEGO REGIONAL OFFICE 750 B STREET SAN DIEGO, CA 92101-8114

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	413	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	1236010
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	7035497

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

1150524

c Additions: (1) Contributions deposited during the year**7c(1)**

158105

(2) Dividends and credits.....

7c(2)

0

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

7c(3)

2958

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

7c(4)

0

(5) Other (specify below)

7c(5)

-2173

▶ OTHER

(6) Total additions.....

7c(6)

158890

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

1309414

e Deductions:

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

7e(1)

72858

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

7e(2)

546

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

7e(3)

(4) Other (specify below)

7e(4)

(5) Total deductions.....

7e(5)

73404

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

1236010

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 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	B Three-digit plan number (PN)	001
403(B) THRIFT PLAN FOR EMPLOYEES OF OPPORTUNITY VILLAGE		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
OPPORTUNITY VILLAGE	88-6003567	

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

(a) Name of insurance carrier
THE VARIABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	49140	20	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	35

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
VARIABLE LIFE INSURANCE COMPANY
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	17	PORTION OF INCENTIVE COMP	3

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

KIM, JI	2929 ALLEN PARKWAY
	HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	18		3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	21591
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	50088

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

20906

c Additions: (1) Contributions deposited during the year**7c(1)**

0

(2) Dividends and credits.....

7c(2)

0

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

7c(3)

768

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

7c(4)

0

(5) Other (specify below)

7c(5)

1

▶ FIN ADJ, ROLLOVER, LOAN INT. PAY

(6) Total additions.....

7c(6)

769

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

21675

e Deductions:

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

7e(1)

0

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

7e(2)

0

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

7e(3)

84

(4) Other (specify below)

7e(4)

0

▶ ADJUSTMENTS

(5) Total deductions.....

7e(5)

84

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

21591

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 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 403(B) THRIFT PLAN FOR EMPLOYEES OF OPPORTUNITY VILLAGE	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 OPPORTUNITY VILLAGE	D Employer Identification Number (EIN) 88-6003567

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

(a) Name of insurance carrier THE VARIABLE ANNUITY LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	49140	281	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.
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(a) Total amount of commissions paid 0	(b) Total amount of fees paid 18
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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 VARIABLE 2929 ALLEN PARKWAY HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	18	PORTION OF INCENTIVE COMP	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	1438492
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	116795

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	1399853
----------	---	-----------	---------

c	Additions: (1) Contributions deposited during the year	7c(1)	0
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	41924
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	0

(6) Total additions.....	7c(6)	41924
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1441777
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account.....	7e(3)	3166
(4) Other (specify below)	7e(4)	119

▶ **ADJUSTMENTS**

(5) Total deductions.....	7e(5)	3285
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1438492
----------	--	-----------	---------

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 403(B) THRIFT PLAN FOR EMPLOYEES OF OPPORTUNITY VILLAGE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OPPORTUNITY VILLAGE	D Employer Identification Number (EIN) 88-6003567	

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)..... ☒ 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 37	INSURANCE CARRIER	3329	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.
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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 403(B) THRIFT PLAN FOR EMPLOYEES OF OPPORTUNITY VILLAGE	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 OPPORTUNITY VILLAGE	D Employer Identification Number (EIN) 88-6003567	

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:	SEPARATE ACCOUNT NUMBER SA2
--	-----------------------------

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

c EIN-PN 13-1614399-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7035498
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a Name of MTIA, CCT, PSA, or 103-12 IE:	SEPARATE ACCOUNT A
--	--------------------

b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY
---	---

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 294934
--------------------------------	------------------------	--

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)
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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)

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>403(B) THRIFT PLAN FOR EMPLOYEES OF OPPORTUNITY VILLAGE</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OPPORTUNITY VILLAGE</u>	D Employer Identification Number (EIN) <u>88-6003567</u>	

Part I	Asset and Liability Statement
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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)	19709	16826
(2) Participant contributions.....	1b(2)	25296	12119
(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)	11961	10465
(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)	8614541	7383713
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2586219	2711444
(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	11257726	10134567

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	11257726	10134567
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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)	349366	
(B) Participants	2a(1)(B)	467466	
(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)		816832
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)	510	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		510
(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)	43141	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		43141
(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)		-1427993
(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		-567510
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	551640	
(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)		551640
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)	4009	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4009
j Total expenses. Add all expense amounts in column (b) and enter total	2j		555649
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1123159
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: HOULDSWORTH, RUSSO & COMPANY, P.C.

(2) EIN: 88-0374623

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF OPPORTUNITY VILLAGE		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 OPPORTUNITY VILLAGE		D Employer Identification Number (EIN) 88-6003567
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:	14a	
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).....	14b	
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)	14c	
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)		
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 _____

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
REPORT ON AUDIT OF FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021



403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
403(b) Thrift Plan of Opportunity Village
Las Vegas, Nevada

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

We have performed audits of the accompanying financial statements of the 403(b) Thrift Plan of Opportunity Village (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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from 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 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



HRC

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 of Schedule of Assets (Held at End of Year) as of December 31, 2022 and the Schedule of Assets (Acquired and Disposed of Within Year) during 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 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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).

Houldsworth, Russo & Company, P.C.

Las Vegas, Nevada
October 12, 2023

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments at Fair Value:		
Fixed annuity contracts with insurance companies	\$ 2,711,444	\$ 2,586,219
Variable annuity contracts with insurance companies	7,330,538	8,560,276
Custodial accounts	<u>53,175</u>	<u>54,265</u>
Total investments at fair value	10,095,157	11,200,760
Receivables:		
Contributions receivable from participants	16,826	25,296
Contributions receivable from sponsor	12,119	19,709
Notes receivable from participants	<u>10,465</u>	<u>11,961</u>
Total receivables	39,410	56,966
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 10,134,567</u></u>	<u><u>\$ 11,257,726</u></u>

See notes to financial statements.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

Investment Activity:	
Net depreciation in fair value of investments	\$ (1,427,993)
Interest and dividends	<u>43,141</u>
Total investment loss	<u>(1,384,852)</u>
Interest income on notes receivable from participants	<u>510</u>
Additions to Net Assets Attributed to Contributions:	
Participant contributions	467,466
Employer matching contributions	138,453
Employer non-matching contributions	<u>210,913</u>
Total contributions	<u>816,832</u>
Deductions to Net Assets Attributed to Distributions:	
Benefits paid to participants	551,640
Administrative expenses	<u>4,009</u>
Total distributions	<u>555,649</u>
Change in net assets available for benefits	(1,123,159)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>11,257,726</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 10,134,567</u></u>

See notes to financial statements.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the 403(b) Thrift Plan of Opportunity Village (the “Plan”) is provided for general information purposes only. Plan participants should refer to the Plan document for a more comprehensive description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of Opportunity Village (the “Employer”) who are not leased employees. The Plan was established October 1, 2004 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Investment Options

Each participant may direct their contributions into any one or combination of available investment options. Participants may elect to allocate their elective deferrals between pre-tax contributions or after-tax designated Roth contributions. Participants may change their investment options at will.

Eligibility

There are no age or service requirements to participate in the Plan.

Contributions

The Plan provides for voluntary contributions by its participants and matching contributions by the Employer. Participants may elect to defer up to 100% of their annual compensation, as defined by the Plan, up to an annual dollar limitation in accordance with the Internal Revenue Code (\$20,500 for 2022). In addition, the Plan allows participants, attaining the age of 50, to make catch-up contributions not to exceed an annual dollar limitation in accordance with the Internal Revenue Code (\$6,500 for 2022). Participants may also contribute amounts representing distributions from other qualified plans, as defined in the Plan’s provisions.

The Employer matches 50% of the participant’s contributions, not to exceed a maximum of \$2,000 for each participant. In addition, the Employer contributes non-matching contributions equal to the dollar amount left over from the benefits provided by a Government Service Contract for each applicable participant after paying for medical benefits on a monthly basis. The Employer non-matching contribution is made whether or not the employee is making contributions to the Plan and amounted to \$210,913 for the year ended December 31, 2022.

**403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2022 AND 2021**

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's contributions and Plan earnings based on participants' directed account balances.

Vesting

Participants are immediately vested in their contributions, Employer contributions, and actual earnings thereon.

Payment of Benefits

On termination of service due to retirement, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution or in monthly installments of \$100 or more. On termination due to death, disability, or other reasons, a participant or the participant's designated beneficiary will receive a lump-sum distribution equal to the value of the participant's vested interest in the Plan.

Notes Receivable from Participants

Under the Plan, a loan made to a Plan participant shall be in an amount that is not less than \$1,000 and not more than 50% of the vested interest in the participant's account up to \$50,000. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. Designated Roth contributions are not available for loan purposes. Loans are generally collateralized by the participant's account, and repayment of a loan is not to exceed a period of five years, with the exception of loans used for the purchase of a principal residence which can be repaid up to 10 years. The interest rates on loans are commensurate with current interest rates charged for loans made under similar circumstances. The Plan had \$10,465 and \$11,961 of outstanding notes receivable from participants at December 31, 2022 and 2021, respectively.

Group Annuity Loans

Participants may borrow funds from Mutual of America Life Insurance Company using a portion of their Plan account as security for the loan. These loans are not funded with Plan assets and do not reduce the balance of the participants' accounts unless the loan is in default at the time when the benefits are distributable. Group annuity loans are subject to the same restrictions as noted above. The interest rate on group annuity loans at December 31, 2022 was 4.0%. At December 31, 2022 and 2021, participants had outstanding group annuity loan balances of \$7,076 and \$12,640, respectively.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Administrative Expenses

Certain expenses of the Plan are paid by the Employer and are therefore excluded from these financial statements. Fees for the administration of notes receivable from participants and maintenance of participant accounts are included in administrative expenses and charged directly to the participant accounts.

Termination of the Plan

Although it has not expressed any intent to do so, the Employer has the right under the Plan to amend or terminate the Plan subject to the provisions of ERISA.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Presentation

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

Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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. Net appreciation or depreciation in fair value of investments is reported in the statement of changes in net assets available for benefits and consists of the realized gains and losses and the unrealized appreciation or depreciation of these investments.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2022 AND 2021

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3. FIXED ANNUITY CONTRACTS WITH INSURANCE COMPANIES

The Plan has fixed annuity contracts with Variable Annuity Life Insurance Company and Mutual of America Life Insurance Company. These accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses as allowed by the Plan. Contributions to the fixed annuity contracts are maintained in the general account of the insurance companies. The contract issuers are contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan. These contracts are reported at fair value. Plan management has determined that contract value approximates fair value. Contract value represents contributions made under the agreement, plus earnings, less participant withdrawals and administrative expenses. There are no reserves against the fund's value for credit risk of the contract issuer or otherwise.

NOTE 4. PARTY-IN-INTEREST

Mutual of America Life Insurance Company and the Variable Annuity Life Insurance Company, the Plan custodians, manage certain Plan investments. Therefore, these transactions qualify as party-in-interest transactions and are denoted as such on the supplemental Schedule of Assets (Held at End of Year).

NOTE 5. FAIR VALUE MEASUREMENTS

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

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2022 AND 2021

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical 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 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 or 2021.

Fixed annuity contracts: Valued using a discounted cash flow valuation methodology. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire portfolio compared to the minimum crediting rate, as stated in the contract, and prevailing market conditions.

Variable annuity contracts: These investments are held in separate accounts of insurance companies and consist of investments in mutual funds registered with the Securities and Exchange Commission and are valued at the net asset value at which the mutual fund shares are actively traded.

Custodial accounts: These accounts consist of mutual funds which are valued at the net asset value of shares held by the Plan at year end.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2022 AND 2021

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Fixed annuity contracts with insurance companies	\$ 2,711,444	\$ -	\$ 2,711,444	\$ -
Variable annuity contracts with insurance companies	7,330,538	7,330,538	-	-
Custodial accounts	53,175	53,175	-	-
	<u>\$ 10,095,157</u>	<u>\$ 7,383,713</u>	<u>\$ 2,711,444</u>	<u>\$ -</u>

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

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Fixed annuity contracts with insurance companies	\$ 2,586,219	\$ -	\$ 2,586,219	\$ -
Variable annuity contracts with insurance companies	8,560,276	8,560,276	-	-
Custodial accounts	54,265	54,265	-	-
	<u>\$ 11,200,760</u>	<u>\$ 8,614,541</u>	<u>\$ 2,586,219</u>	<u>\$ -</u>

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2022 AND 2021

NOTE 6. RISKS AND UNCERTAINTIES

Each investment fund is diversified through a portfolio containing a wide variety of investments that fit the particular investment strategy and targeted composition. Further diversification is available to participants through participation in more than one fund. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is 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 benefits and the statement of changes in net assets available for benefits. In addition, forced liquidation due to the complete or partial termination of the Plan, although not expected at this time, may affect the estimated value of the fixed annuity contracts.

NOTE 7. INFORMATION CERTIFIED BY PLAN'S CUSTODIANS (UNAUDITED)

The Plan's investments are held and administered by the following service providers: Mutual of America Life Insurance Company ("Mutual of America"), The Variable Annuity Life Insurance Company ("VALIC"), and Oppenheimer Funds. VALIC and Mutual of America have supplied the Plan administrator with a certification as of December 31, 2022 and 2021, that the fair value and information included in the supplemental schedules for the following Plan assets are complete and accurate.

	<u>2022</u>	<u>2021</u>
Certified amounts:		
Fixed annuity contract with insurance companies	\$ 2,711,444	\$ 2,586,219
Variable annuity contracts with insurance companies	7,330,538	8,560,276
Notes receivable from participants	10,465	11,123 *
* \$838 of the 12/31/2021 balance are loans administered by Oppenheimer Funds and are not certified.		

Mutual of America and VALIC also certified to the completeness and accuracy of \$1,426,065 of net depreciation in fair value of investments and \$43,141 of interest and dividend income related to the aforementioned investments for the year ended December 31, 2022.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2022 AND 2021

NOTE 8. TAX STATUS OF THE PLAN

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Internal Revenue Code to maintain its tax exemption. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

NOTE 9. CARES AND SECURE ACTS

During the year ended December 31, 2020, the Plan implemented certain directives, where applicable, of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") and the Setting Every Community Up for Retirement Enhancement Act of 2020 (the "SECURE Act"), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts were implemented during the year ended December 31, 2020. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and Internal Revenue Service guidance.

NOTE 10. SUBSEQUENT EVENTS

The Secure 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes numerous provisional changes to the rules governing qualified retirement plans, with changes becoming effective for various plan years starting with 2023. Plan management is evaluating the impact of the adoption and implementation of this legislation on the Plan.

The Plan has evaluated subsequent events through October 12, 2023, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
EIN: 88-6003567 PLAN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) *Cost	(e) Current or Market Value
	Fixed annuity contracts with insurance companies:			
**	Mutual of America Life Insurance Co.	Interest Accumulation Account	\$	1,236,010
**	Variable Annuity Life insurance Co.	Fixed Account Plus		1,475,434
				<u>2,711,444</u>
	Variable annuity contracts with insurance companies:			
**	Mutual of America Life Insurance Co.	MOA Money Market Fund		13,750
**	Mutual of America Life Insurance Co.	MOA All America Fund		54,811
**	Mutual of America Life Insurance Co.	MOA Bond Fund		47,294
**	Mutual of America Life Insurance Co.	MOA Mid-Term Bond Fund		5,128
**	Mutual of America Life Insurance Co.	MOA Mid-Cap Equity Index		61,020
**	Mutual of America Life Insurance Co.	MOA Equity Index Fund		225,121
**	Mutual of America Life Insurance Co.	MOA Conservative Allocation		26,996
**	Mutual of America Life Insurance Co.	MOA Moderate Allocation		176,862
**	Mutual of America Life Insurance Co.	MOA Aggressive Allocation		111,956
**	Mutual of America Life Insurance Co.	MOA Mid Cap Value Fund		15,433
**	Mutual of America Life Insurance Co.	MOA Small Cap Growth Fund		38,798
**	Mutual of America Life Insurance Co.	MOA Small Cap Value Fund		9,509
**	Mutual of America Life Insurance Co.	MOA International Fund		1,015
**	Mutual of America Life Insurance Co.	MOA Small Cap Equity Index Fund		39,832
**	Mutual of America Life Insurance Co.	MOA Retirement Income Fund		114,090
**	Mutual of America Life Insurance Co.	MOA 2015 Retirement Fund		5,422
**	Mutual of America Life Insurance Co.	MOA 2020 Retirement Fund		257,296
**	Mutual of America Life Insurance Co.	MOA 2025 Retirement Fund		265,394
**	Mutual of America Life Insurance Co.	MOA 2026 Retirement Fund		33,767
**	Mutual of America Life Insurance Co.	MOA 2030 Retirement Fund		821,633
**	Mutual of America Life Insurance Co.	MOA 2035 Retirement Fund		420,441
**	Mutual of America Life Insurance Co.	MOA 2040 Retirement Fund		337,544
**	Mutual of America Life Insurance Co.	MOA 2045 Retirement Fund		2,456,198
**	Mutual of America Life Insurance Co.	MOA 2050 Retirement Fund		438,319
**	Mutual of America Life Insurance Co.	MOA 2055 Retirement Fund		48,399
**	Mutual of America Life Insurance Co.	MOA 2060 Retirement Fund		72,356
**	Mutual of America Life Insurance Co.	MFS VIT III Mid Cap Value Portfolio		61
**	Mutual of America Life Insurance Co.	Neuberger Berman AMT Sustainable Equity		30
**	Mutual of America Life Insurance Co.	Victory RS Small Cap Growth Equity VIP		6,244
**	Mutual of America Life Insurance Co.	DWS Capital Growth		13,189
**	Mutual of America Life Insurance Co.	Delaware VIP Small Cap Value Series		7,449

* Historical cost is not required as all investments are participant directed.

** Indicates party-in-interest to the Plan.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
EIN: 88-6003567 PLAN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) *Cost	(e) Current or Market Value
	Variable annuity contracts with insurance companies (continued):			
**	Mutual of America Life Insurance Co.	Goldman Sachs VIT US Equity Insights		54,570
**	Mutual of America Life Insurance Co.	Goldman Sachs VIT Small Cap Equity Insights		3,736
**	Mutual of America Life Insurance Co.	American Century VP Capital Appreciation		20,122
**	Mutual of America Life Insurance Co.	Fidelity Investments VIP Asset Manager		19,087
**	Mutual of America Life Insurance Co.	Fidelity Investments VIP Contrafund		73,065
**	Mutual of America Life Insurance Co.	Fidelity Investments VIP Mid Cap		80,930
**	Mutual of America Life Insurance Co.	Vanguard VIF Diversified Value		191,282
**	Mutual of America Life Insurance Co.	Vanguard VIF International		44,757
**	Mutual of America Life Insurance Co.	Vanguard Total Bond Market I Portfolio		13,050
**	Mutual of America Life Insurance Co.	Oppenheimer Main Street VA		13,993
**	Mutual of America Life Insurance Co.	Fidelity Investments VIP Equity-Income		119,758
**	Mutual of America Life Insurance Co.	Calvert VP SRI Balances Portfolio		5,767
**	Mutual of America Life Insurance Co.	Vanguard VIF REIT Index Portfolio		26,526
**	Mutual of America Life Insurance Co.	T. Rowe Price Blue Chip Growth Fund		221,838
**	Mutual of America Life Insurance Co.	MOA Composite Fund		20,047
**	Mutual of America Life Insurance Co.	PIMCO VIT Real Return Portfolio		57
**	Mutual of America Life Insurance Co.	American Funds IS New World Fund		1,662
**	Variable Annuity Life Insurance Co.	Blue Chip Growth Fund		56
**	Variable Annuity Life Insurance Co.	Core Bond Fund		5,444
**	Variable Annuity Life Insurance Co.	Dividend Value		417
**	Variable Annuity Life Insurance Co.	Emerging Economies		6,487
**	Variable Annuity Life Insurance Co.	Foreign Value		3,294
**	Variable Annuity Life Insurance Co.	Global Real Estate Fund		2,331
**	Variable Annuity Life Insurance Co.	Global Social Awareness Fund		932
**	Variable Annuity Life Insurance Co.	Goldman Sachs VIT Government Mmkt Instl		39,450
**	Variable Annuity Life Insurance Co.	Growth Fund		5,976
**	Variable Annuity Life Insurance Co.	High Yield Bond Fund		1,007
**	Variable Annuity Life Insurance Co.	Inflation Protected Fund		10,814
**	Variable Annuity Life Insurance Co.	International Equities Index Fund		10,179
**	Variable Annuity Life Insurance Co.	International Government Bond		85
**	Variable Annuity Life Insurance Co.	International Opportunities		4,124
**	Variable Annuity Life Insurance Co.	International Socially Responsible Fund		584
**	Variable Annuity Life Insurance Co.	Invesco Bal Risk Commod Str R5		126
**	Variable Annuity Life Insurance Co.	Large Cap Growth		30,987
**	Variable Annuity Life Insurance Co.	Mid Cap Index Fund		17,994
**	Variable Annuity Life Insurance Co.	Mid Cap Value Fund		3,656

* Historical cost is not required as all investments are participant directed.

** Indicates party-in-interest to the Plan.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE

EIN: 88-6003567 PLAN 001

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) *Cost	(e) Current or Market Value
	Variable annuity contracts with insurance companies (continued):			
**	Variable Annuity Life Insurance Co.	Mid Cap Strategic Growth		1,302
**	Variable Annuity Life Insurance Co.	Science & Technology Fund		1,250
**	Variable Annuity Life Insurance Co.	Small Cap Index Fund		8,254
**	Variable Annuity Life Insurance Co.	Small Cap Value Fund		1,951
**	Variable Annuity Life Insurance Co.	Socially Responsible Fund		5,847
**	Variable Annuity Life Insurance Co.	Stock Index Fund		89,505
**	Variable Annuity Life Insurance Co.	Systematic Core Fund		287
**	Variable Annuity Life Insurance Co.	Vanguard Long-Term Treasury		164
**	Variable Annuity Life Insurance Co.	Vanguard Windsor II		42,406
**	Variable Annuity Life Insurance Co.	Aggressive Growth Lifestyle		25
				<u>7,330,538</u>
	Custodial accounts:			
	Oppenheimer Funds	Retirement Funds		53,175
				<u>53,175</u>
	Total investments			<u>\$ 10,095,157</u>
**	Participant Loans	3% , loans secured by participant's account, various maturities until September 2024		<u>\$ 10,465</u>

* Historical cost is not required as all investments are participant directed.

** Indicates party-in-interest to the Plan.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
EIN: 88-6003567 PLAN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)
DECEMBER 31, 2022

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) *Cost of acquisitions	(d) Proceeds of dispositions
** Participant loans	3% , loan secured by participant's account, various maturities until September 2024	-	\$ -
			\$ -

* Historical cost is not required as all investments are participant directed.

** Indicates party-in-interest to the Plan

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

Plan Name 403(b) Thrift Plan for Employees of Opportunity Village

EIN: 88-6003567

PN: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		20,122
*	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		1,662
*	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		5,767
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		13,189
*	Mutual of America	GROUP ANNUITY CONTRACT Delaware VIP Small Cap Value Series		7,448
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		19,088
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		73,065
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		119,758
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		80,919
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		3,736
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		54,570
*	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		13,993
*	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		61
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2015 Retirement Fund		5,422
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2020 Retirement Fund		257,296
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2025 Retirement Fund		265,394
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2030 Retirement Fund		821,633
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2035 Retirement Fund		420,441

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

Plan Name 403(b) Thrift Plan for Employees of Opportunity Village

EIN: 88-6003567

PN: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2040 Retirement Fund		337,544
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2045 Retirement Fund		2,456,198
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2050 Retirement Fund		438,287
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2055 Retirement Fund		48,399
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2060 Retirement Fund		72,356
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2065 Retirement Fund		33,767
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Aggressive Allocation Fund		111,956
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America All America Fund		54,811
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Bond Fund		47,273
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Composite Fund		20,048
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Conservative Allocation Fund		26,996
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Equity Index Fund		225,121
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		1,236,010
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America International Fund		1,015
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid Cap Value Fund		15,433
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid-Cap Equity Index Fund		61,020
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid-Term Bond Fund		5,128
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Moderate Allocation Fund		176,862
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Money Market Fund		13,750

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

Plan Name 403(b) Thrift Plan for Employees of Opportunity Village

EIN: 88-6003567

PN: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Retirement Income Fund		114,090
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Equity Index Fund		39,832
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Growth Fund		38,787
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Value Fund		9,509
*	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sustainable Equity Portfolio		30
*	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		57
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		221,828
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		191,271
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		44,746
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		26,526
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		13,050
*	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		6,244

SUPPLEMENTAL INFORMATION

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
EIN: 88-6003567 PLAN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) *Cost	(e) Current or Market Value
	Fixed annuity contracts with insurance companies:			
**	Mutual of America Life Insurance Co.	Interest Accumulation Account	\$	1,236,010
**	Variable Annuity Life insurance Co.	Fixed Account Plus		1,475,434
				<u>2,711,444</u>
	Variable annuity contracts with insurance companies:			
**	Mutual of America Life Insurance Co.	MOA Money Market Fund		13,750
**	Mutual of America Life Insurance Co.	MOA All America Fund		54,811
**	Mutual of America Life Insurance Co.	MOA Bond Fund		47,294
**	Mutual of America Life Insurance Co.	MOA Mid-Term Bond Fund		5,128
**	Mutual of America Life Insurance Co.	MOA Mid-Cap Equity Index		61,020
**	Mutual of America Life Insurance Co.	MOA Equity Index Fund		225,121
**	Mutual of America Life Insurance Co.	MOA Conservative Allocation		26,996
**	Mutual of America Life Insurance Co.	MOA Moderate Allocation		176,862
**	Mutual of America Life Insurance Co.	MOA Aggressive Allocation		111,956
**	Mutual of America Life Insurance Co.	MOA Mid Cap Value Fund		15,433
**	Mutual of America Life Insurance Co.	MOA Small Cap Growth Fund		38,798
**	Mutual of America Life Insurance Co.	MOA Small Cap Value Fund		9,509
**	Mutual of America Life Insurance Co.	MOA International Fund		1,015
**	Mutual of America Life Insurance Co.	MOA Small Cap Equity Index Fund		39,832
**	Mutual of America Life Insurance Co.	MOA Retirement Income Fund		114,090
**	Mutual of America Life Insurance Co.	MOA 2015 Retirement Fund		5,422
**	Mutual of America Life Insurance Co.	MOA 2020 Retirement Fund		257,296
**	Mutual of America Life Insurance Co.	MOA 2025 Retirement Fund		265,394
**	Mutual of America Life Insurance Co.	MOA 2026 Retirement Fund		33,767
**	Mutual of America Life Insurance Co.	MOA 2030 Retirement Fund		821,633
**	Mutual of America Life Insurance Co.	MOA 2035 Retirement Fund		420,441
**	Mutual of America Life Insurance Co.	MOA 2040 Retirement Fund		337,544
**	Mutual of America Life Insurance Co.	MOA 2045 Retirement Fund		2,456,198
**	Mutual of America Life Insurance Co.	MOA 2050 Retirement Fund		438,319
**	Mutual of America Life Insurance Co.	MOA 2055 Retirement Fund		48,399
**	Mutual of America Life Insurance Co.	MOA 2060 Retirement Fund		72,356
**	Mutual of America Life Insurance Co.	MFS VIT III Mid Cap Value Portfolio		61
**	Mutual of America Life Insurance Co.	Neuberger Berman AMT Sustainable Equity		30
**	Mutual of America Life Insurance Co.	Victory RS Small Cap Growth Equity VIP		6,244
**	Mutual of America Life Insurance Co.	DWS Capital Growth		13,189
**	Mutual of America Life Insurance Co.	Delaware VIP Small Cap Value Series		7,449

* Historical cost is not required as all investments are participant directed.

** Indicates party-in-interest to the Plan.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
EIN: 88-6003567 PLAN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) *Cost	(e) Current or Market Value
	Variable annuity contracts with insurance companies (continued):			
**	Mutual of America Life Insurance Co.	Goldman Sachs VIT US Equity Insights		54,570
**	Mutual of America Life Insurance Co.	Goldman Sachs VIT Small Cap Equity Insights		3,736
**	Mutual of America Life Insurance Co.	American Century VP Capital Appreciation		20,122
**	Mutual of America Life Insurance Co.	Fidelity Investments VIP Asset Manager		19,087
**	Mutual of America Life Insurance Co.	Fidelity Investments VIP Contrafund		73,065
**	Mutual of America Life Insurance Co.	Fidelity Investments VIP Mid Cap		80,930
**	Mutual of America Life Insurance Co.	Vanguard VIF Diversified Value		191,282
**	Mutual of America Life Insurance Co.	Vanguard VIF International		44,757
**	Mutual of America Life Insurance Co.	Vanguard Total Bond Market I Portfolio		13,050
**	Mutual of America Life Insurance Co.	Oppenheimer Main Street VA		13,993
**	Mutual of America Life Insurance Co.	Fidelity Investments VIP Equity-Income		119,758
**	Mutual of America Life Insurance Co.	Calvert VP SRI Balances Portfolio		5,767
**	Mutual of America Life Insurance Co.	Vanguard VIF REIT Index Portfolio		26,526
**	Mutual of America Life Insurance Co.	T. Rowe Price Blue Chip Growth Fund		221,838
**	Mutual of America Life Insurance Co.	MOA Composite Fund		20,047
**	Mutual of America Life Insurance Co.	PIMCO VIT Real Return Portfolio		57
**	Mutual of America Life Insurance Co.	American Funds IS New World Fund		1,662
**	Variable Annuity Life Insurance Co.	Blue Chip Growth Fund		56
**	Variable Annuity Life Insurance Co.	Core Bond Fund		5,444
**	Variable Annuity Life Insurance Co.	Dividend Value		417
**	Variable Annuity Life Insurance Co.	Emerging Economies		6,487
**	Variable Annuity Life Insurance Co.	Foreign Value		3,294
**	Variable Annuity Life Insurance Co.	Global Real Estate Fund		2,331
**	Variable Annuity Life Insurance Co.	Global Social Awareness Fund		932
**	Variable Annuity Life Insurance Co.	Goldman Sachs VIT Government Mmkt Instl		39,450
**	Variable Annuity Life Insurance Co.	Growth Fund		5,976
**	Variable Annuity Life Insurance Co.	High Yield Bond Fund		1,007
**	Variable Annuity Life Insurance Co.	Inflation Protected Fund		10,814
**	Variable Annuity Life Insurance Co.	International Equities Index Fund		10,179
**	Variable Annuity Life Insurance Co.	International Government Bond		85
**	Variable Annuity Life Insurance Co.	International Opportunities		4,124
**	Variable Annuity Life Insurance Co.	International Socially Responsible Fund		584
**	Variable Annuity Life Insurance Co.	Invesco Bal Risk Commod Str R5		126
**	Variable Annuity Life Insurance Co.	Large Cap Growth		30,987
**	Variable Annuity Life Insurance Co.	Mid Cap Index Fund		17,994
**	Variable Annuity Life Insurance Co.	Mid Cap Value Fund		3,656

* Historical cost is not required as all investments are participant directed.

** Indicates party-in-interest to the Plan.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE

EIN: 88-6003567 PLAN 001

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) *Cost	(e) Current or Market Value
	Variable annuity contracts with insurance companies (continued):			
**	Variable Annuity Life Insurance Co.	Mid Cap Strategic Growth		1,302
**	Variable Annuity Life Insurance Co.	Science & Technology Fund		1,250
**	Variable Annuity Life Insurance Co.	Small Cap Index Fund		8,254
**	Variable Annuity Life Insurance Co.	Small Cap Value Fund		1,951
**	Variable Annuity Life Insurance Co.	Socially Responsible Fund		5,847
**	Variable Annuity Life Insurance Co.	Stock Index Fund		89,505
**	Variable Annuity Life Insurance Co.	Systematic Core Fund		287
**	Variable Annuity Life Insurance Co.	Vanguard Long-Term Treasury		164
**	Variable Annuity Life Insurance Co.	Vanguard Windsor II		42,406
**	Variable Annuity Life Insurance Co.	Aggressive Growth Lifestyle		25
				<u>7,330,538</u>
	Custodial accounts:			
	Oppenheimer Funds	Retirement Funds		53,175
				<u>53,175</u>
	Total investments			<u>\$ 10,095,157</u>
**	Participant Loans	3% , loans secured by participant's account, various maturities until September 2024		<u>\$ 10,465</u>

* Historical cost is not required as all investments are participant directed.

** Indicates party-in-interest to the Plan.

403(B) THRIFT PLAN OF OPPORTUNITY VILLAGE
EIN: 88-6003567 PLAN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)
DECEMBER 31, 2022

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) *Cost of acquisitions	(d) Proceeds of dispositions
** Participant loans	3% , loan secured by participant's account, various maturities until September 2024	-	\$ -
			\$ -

* Historical cost is not required as all investments are participant directed.

** Indicates party-in-interest to the Plan