

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.		OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection	
Part I Annual Report Identification Information					
For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022					
A This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)					
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 Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)					
D 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 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SARAH TUXIS RESIDENTIAL SERVICES, INC.				1b Three-digit plan number (PN) ▶	002
				1c Effective date of plan	07/01/2000
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) SARAH TUXIS RESIDENTIAL SERVIC 45 BOSTON ST GUILFORD, CT 06437-2816				2b Employer Identification Number (EIN)	06-1297908
				2c Sponsor's telephone number	203-458-8532
				2d Business code (see instructions)	813000
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	
5a Total number of participants at the beginning of the plan year				5a	98
b Total number of participants at the end of the plan year				5b	97
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....				5c	97
d(1) Total number of active participants at the beginning of the plan year				5d(1)	85
d(2) Total number of active participants at the end of the plan year				5d(2)	81
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	04/04/2024	ANDREW LUCIBELLO		
	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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.				Form 5500-SF (2021) v.201209	

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2360536	2260280
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2360536	2260280
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	126787	
(2) Participants	8a(2)	149246	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-271881	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		4152
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	103536	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	872	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		104408
i Net income (loss) (subtract line 8h from line 8c)	8i		-100256
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2G 3D 2J 2K 2S 2T
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		182000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		860
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below..... ☐ Yes ☒ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)



TUXIS RESIDENTIAL & COMMUNITY RESOURCES, INC.
Advocacy & Empowerment... One person at a time Elizabeth A. Kinnare, Executive Director

April 18, 2023

Department of Labor
Department of Treasury
Internal Revenue Service

Dear Sir/Madam:

401(k) SARAH Tuxis Residential Services, Inc. has hired an independent certified public accountant to audit the Plan for the plan year ending June 30, 2022.

The auditor's report, financial statement and supplemental schedule(s) are in the process and not yet complete.

These reports will be attached to be an amended filing of the 2021 Form 5500 upon completion.

Signature: _____

Andrew J. Lucibello CFO

Date: _____

4/17/23



TUXIS RESIDENTIAL & COMMUNITY RESOURCES, INC.
Advocacy & Empowerment... One person at a time Elizabeth A. Kinnare, Executive Director

April 18, 2023

Department of Labor
Department of Treasury
Internal Revenue Service

Dear Sir/Madam:

401(k) SARAH Tuxis Residential Services, Inc. has hired an independent certified public accountant to audit the Plan for the plan year ending June 30, 2022.

The auditor's report, financial statement and supplemental schedule(s) are in the process and not yet complete.

These reports will be attached to be an amended filing of the 2021 Form 5500 upon completion.

Signature: _____

Andrew J. Lucibello CFO

Date: _____

4/17/23

Attachment to July 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 401(k) Profit Sharing Plan for Employees of SARAH Tuxis Residential Services, Inc.

EIN: 06-1297908
PN: 002

(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		108,878
*	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		6,142
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		112,235
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund« Portfolio		37,630
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		2,865
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		95,409
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2020 Retirement Fund		68,055
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2025 Retirement Fund		6,081
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2030 Retirement Fund		26,997
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2035 Retirement Fund		154,299
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2040 Retirement Fund		50,448
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2045 Retirement Fund		55,217
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2050 Retirement Fund		15,128
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2055 Retirement Fund		23,735
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2060 Retirement Fund		61,355
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2065 Retirement Fund		269
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Aggressive Allocation Fund		4,155
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America All America Fund		68,419
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Bond Fund		5,045

Attachment to July 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 401(k) Profit Sharing Plan for Employees of SARAH Tuxis Residential Services, Inc. **EIN:** 06-1297908
PN: 002

(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 Equity Index Fund		96,797
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		882,217
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid Cap Value Fund		3,726
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid-Cap Equity Index Fund		83,705
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Equity Index Fund		6,053
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Growth Fund		24,025
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Value Fund		10,919
*	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		4,610
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		79,874
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		72,254
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		23,930
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		6,854
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		56,424