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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                               |
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                        |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                               |

|         |                                                                                                                                                                                                                                                                                                                                              |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                       |
| 1a      | Name of plan<br>403(B) THRIFT PLAN OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.                                                                                                                                                                                                                                                              |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                           |
| 1c      | Effective date of plan<br>10/01/1999                                                                                                                                                                                                                                                                                                         |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>KI BOIS COMMUNITY ACTION FOUNDATION, INC.<br><br>PO BOX 727<br>STIGLER, OK 74462-0727 |
| 2b      | Employer Identification Number (EIN)<br>73-0770231                                                                                                                                                                                                                                                                                           |
| 2c      | Plan Sponsor's telephone number<br>918-967-3325                                                                                                                                                                                                                                                                                              |
| 2d      | Business code (see instructions)<br>624100                                                                                                                                                                                                                                                                                                   |

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. | 07/15/2024 | TOM MARLATT                                                  |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                   |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 348                                                                                                                                                                                                                       |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 348<br><b>6a(2)</b> 356<br><b>6b</b> 12<br><b>6c</b> 19<br><b>6d</b> 387<br><b>6e</b> 1<br><b>6f</b> 388<br><b>6g</b> 356<br><b>6h</b> 9 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                           |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2G 3D 2J 2K 2T<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>2</b> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                     |                                                      |     |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023          |                                                      |     |
| A Name of plan<br>403(B) THRIFT PLAN OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.                   | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>KI BOIS COMMUNITY ACTION FOUNDATION, INC. | D Employer Identification Number (EIN)<br>73-0770231 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
METROPOLITAN LIFE

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5581829 | 65978         | 1005062-01                            | 201                                                                         | 10/01/2022              | 09/30/2023 |

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 |
|                                      |                               |

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                              |          |         |
|----------|----------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 5496559 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 2162200 |

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

|          |                                                                                                                                                                                                      |           |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                       | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                 | <b>6c</b> |  |
| <b>d</b> | 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.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ GROU ANNUITY CONTRACT

|          |                                               |           |         |
|----------|-----------------------------------------------|-----------|---------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 5686523 |
|----------|-----------------------------------------------|-----------|---------|

|          |                                                              |              |         |
|----------|--------------------------------------------------------------|--------------|---------|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 188879  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> | 0       |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 167116  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 2118336 |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 14546   |

▶ FORFEITURES

|                          |              |         |
|--------------------------|--------------|---------|
| (6) Total additions..... | <b>7c(6)</b> | 2488877 |
|--------------------------|--------------|---------|

|          |                                                                              |           |         |
|----------|------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 8175400 |
|----------|------------------------------------------------------------------------------|-----------|---------|

**e** Deductions:

|                                                                                 |              |         |
|---------------------------------------------------------------------------------|--------------|---------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 544982  |
| (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> | 407     |
| (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 2133452 |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 0       |

|                           |              |         |
|---------------------------|--------------|---------|
| (5) Total deductions..... | <b>7e(5)</b> | 2678841 |
|---------------------------|--------------|---------|

|          |                                                                                                |           |         |
|----------|------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 5496559 |
|----------|------------------------------------------------------------------------------------------------|-----------|---------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                     |                                                      |     |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023          |                                                      |     |
| A Name of plan<br>403(B) THRIFT PLAN OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.                   | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>KI BOIS COMMUNITY ACTION FOUNDATION, INC. | D Employer Identification Number (EIN)<br>73-0770231 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

|                                                    |
|----------------------------------------------------|
| (a) Name of insurance carrier<br>MUTUAL OF AMERICA |
|----------------------------------------------------|

| (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         | 912624                                | 186                                                                         | 10/01/2022              | 09/30/2023 |

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                                    | 626                           |

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<br>DALLAS REGIONAL OFFICE<br>222 LAS COLINAS BOULEVARD WEST<br>SUITE 550<br>IRVING, TX 75039-5458 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                                    | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose                        |                       |
| 0                                             | 626                             | PORTION OF INCENTIVE COMP. PROGRAM | 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.

|          |                                                                                              |          |         |
|----------|----------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 1726702 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 7335505 |

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

|          |                                                                                                                                                                                                      |           |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                       | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                 | <b>6c</b> |  |
| <b>d</b> | 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.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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** 1316341

|          |                                                              |              |        |  |
|----------|--------------------------------------------------------------|--------------|--------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 125834 |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> | 0      |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 19762  |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 251002 |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 96035  |  |

▶ LOAN, ROLLOVERS

(6) Total additions..... **7c(6)** 492633

**d** Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 1808974

**e** Deductions:

|                                                                                 |              |       |  |
|---------------------------------------------------------------------------------|--------------|-------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 80729 |  |
| (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> | 112   |  |
| (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 0     |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 1431  |  |

▶ FORFEITURES

(5) Total deductions..... **7e(5)** 82272

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1726702

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                     |                                                      |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023          |                                                      |
| A Name of plan<br>403(B) THRIFT PLAN OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.                   | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>KI BOIS COMMUNITY ACTION FOUNDATION, INC. | D Employer Identification Number (EIN)<br>73-0770231 |

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<br>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<br>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<br>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<br>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

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---

**(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

---

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

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

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

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

---

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

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

METLIFE LIFE INSURANCE COMPANY

11225 NORTH COMMUNITY HOUSE ROAD  
CHARLOTTE, NC 28277

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 781                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE  
NEW YORK, NY 10022

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 15 37<br>65         | RECORDKEEPER                                                                                      | 165                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|                                                                                                                                                                           | For calendar plan year 2022 or fiscal plan year beginning <b>10/01/2022</b> and ending <b>09/30/2023</b>                                                                                                                     |                                                                                            |
|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |

|                                                                                                                          |  |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>403(B) THRIFT PLAN OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.</b>                          |  | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>KI BOIS COMMUNITY ACTION FOUNDATION, INC.</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>73-0770231</b> |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                |                                    |
|------------------------------------------------|------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | <b>SEPARATE ACCOUNT NUMBER SA2</b> |
|------------------------------------------------|------------------------------------|

|                                                   |                          |
|---------------------------------------------------|--------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | <b>MUTUAL OF AMERICA</b> |
|---------------------------------------------------|--------------------------|

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>13-1614399-002</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>7335505</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>10/01/2022</u> and ending <u>09/30/2023</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>403(B) THRIFT PLAN OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.</u>                                                                                                                                                                          |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>002</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>KI BOIS COMMUNITY ACTION FOUNDATION, INC.</u>                                                                                                                                                        |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>73-0770231</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 1296                  | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 0                     | 0               |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 6420672               | 7335505         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 7002864               | 7223261         |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 2274357               | 2162200         |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 15699189              | 16720966        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 15699189 | 16720966 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 552092     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 643243     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 165738     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1361073   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 0          |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 186878     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 186878    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 0          |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 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)  |            | 1203530   |
| (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 <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 2751481   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1728758    |           |
| (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)  |            | 1728758   |
| 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)  | 946        |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 946       |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 1729704   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | 1021777   |
| 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: LANDMARK PLC, CPAS

(2) EIN: 71-0355269

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   |    | 7442   |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> 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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>403(B) THRIFT PLAN OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>KI BOIS COMMUNITY ACTION FOUNDATION, INC.                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>73-0770231                                            |
| 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):<br><br>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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                 |            |            |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| <b>14</b> 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:                                                                                                            | <b>14a</b> |            |            |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... |            | <b>14b</b> |            |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                |            |            | <b>14c</b> |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           |            |            |            |
| <b>15</b> 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:                                                                                                                                          | <b>15a</b> |            |            |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            |            | <b>15b</b> |            |
| <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       |            |            |            |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                  | <b>16a</b> |            |            |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        |            | <b>16b</b> |            |
| <b>b</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.....                                                                                                                                                           |            |            |            |
| <b>17</b> 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 ..... <input type="checkbox"/>                                                                  |            |            |            |

**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 for Employees of  
KiBois Community Action Foundation, Inc.**

**Financial Statements  
and  
Supplemental Information  
September 30, 2023 and 2022**

**(With Independent Auditor's Report Thereon)**

**403(b) Thrift Plan for Employees of  
KiBois Community Action Foundation, Inc.**

**TABLE OF CONTENTS**

|                                                                        | <u><b>Page</b></u> |
|------------------------------------------------------------------------|--------------------|
| <b>INDEPENDENT AUDITOR’S REPORT</b>                                    | <b>1</b>           |
| <b>FINANCIAL STATEMENTS</b>                                            |                    |
| Statements of Net Assets Available for Benefits                        | 6                  |
| Statement of Changes in Net Assets Available for Benefits              | 7                  |
| Notes to Financial Statements                                          | 8                  |
| <b>SUPPLEMENTAL INFORMATION</b>                                        |                    |
| Schedule H, line 4a – Schedule of Delinquent Participant Contributions | 18                 |
| Schedule H, line 4i - Schedule of Assets Held at End of Year           | 19                 |



## INDEPENDENT AUDITOR'S REPORT

Board of Directors, Plan administrator, and Participants

**403(b) Thrift Plan for Employees of  
KiBois Community Action Foundation, Inc.**  
Stigler, Oklahoma

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

We have performed audits of the financial statements of the **403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.** (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 September 30, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended September 30, 2023, 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 qualified institutions as of September 30, 2023 and 2022, and for the year ended September 30, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

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

**403(b) Thrift Plan for Employees of  
KiBois Community Action Foundation, Inc.**

**Basis for Opinion**

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

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the 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 that 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

**403(b) Thrift Plan for Employees of  
KiBois Community Action Foundation, Inc.**

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

**Other Matters - Supplemental Schedules Required by ERISA**

The supplemental Schedules of Delinquent Participant Contributions and Assets Held at End of Year as of and for the year ended September 30, 2023 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 GAAS. 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.

Board of Directors, Plan administrator, and Participants

**403(b) Thrift Plan for Employees of  
KiBois Community Action Foundation, Inc.**

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 the qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "Landmark PLC". The signature is written in a cursive, flowing style.

Fort Smith, Arkansas  
July 15, 2024

## Financial Statements

# 403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

## Statements of Net Assets Available for Benefits September 30, 2023 and 2022

|                                                | <u>2023</u>                 | <u>2022</u>                 |
|------------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                                  |                             |                             |
| Investments, at fair value                     |                             |                             |
| Variable annuities in pooled separate accounts | \$ 9,497,705                | \$ 8,695,029                |
| Fixed interest accounts                        | 5,496,559                   | 5,686,523                   |
| Interest accumulation account                  | <u>1,726,702</u>            | <u>1,316,341</u>            |
|                                                | <u>16,720,966</u>           | <u>15,697,893</u>           |
| Receivables                                    |                             |                             |
| Employer contributions                         | 18,470                      | 4,323                       |
| Participant contributions                      | 19,907                      | 4,983                       |
| Receivable from insurance company              | <u>6,605</u>                | <u>576</u>                  |
|                                                | <u>44,982</u>               | <u>9,882</u>                |
| <b>TOTAL ASSETS</b>                            | 16,765,948                  | 15,707,775                  |
| <b>LIABILITIES</b>                             |                             |                             |
| Excess contributions payable                   | <u>29,615</u>               | <u>6,556</u>                |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>       | <u><u>\$ 16,736,333</u></u> | <u><u>\$ 15,701,219</u></u> |

See accompanying notes to financial statements.

**403(b) Thrift Plan for Employees of  
KiBois Community Action Foundation, Inc.**

**Statement of Changes in Net Assets Available for Benefits  
Year ended September 30, 2023**

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

|                                               |                  |
|-----------------------------------------------|------------------|
| Investment income                             |                  |
| Net appreciation in fair value of investments | \$ 1,203,530     |
| Interest income                               | 186,878          |
|                                               | <u>1,390,408</u> |

|                              |                  |
|------------------------------|------------------|
| Contributions                |                  |
| Employer, net of forfeitures | 543,964          |
| Participants                 | 657,383          |
| Rollovers                    | 166,748          |
|                              | <u>1,368,095</u> |

|                        |                  |
|------------------------|------------------|
| <b>Total Additions</b> | <u>2,758,503</u> |
|------------------------|------------------|

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:**

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 1,722,443        |
| Administrative expenses       | 946              |
|                               | <u>1,723,389</u> |

|                         |                  |
|-------------------------|------------------|
| <b>Total Deductions</b> | <u>1,723,389</u> |
|-------------------------|------------------|

|                                                        |           |
|--------------------------------------------------------|-----------|
| <b>NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS</b> | 1,035,114 |
|--------------------------------------------------------|-----------|

|                                                             |                   |
|-------------------------------------------------------------|-------------------|
| <b>NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR</b> | <u>15,701,219</u> |
|-------------------------------------------------------------|-------------------|

|                                                       |                      |
|-------------------------------------------------------|----------------------|
| <b>NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR</b> | <u>\$ 16,736,333</u> |
|-------------------------------------------------------|----------------------|

See accompanying notes to financial statements.

# **403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.**

## **Notes to Financial Statements September 30, 2023 and 2022**

### **NOTE 1: DESCRIPTION OF THE PLAN**

The following description of the 403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

#### **General**

The Plan is a defined contribution plan that operates as a Section 403(b) retirement plan for the benefit of all eligible employees of KiBois Community Action Foundation, Inc. (the Employer). The Plan is subject to the Department of Labor's reporting requirements under the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### **Eligibility**

Employees of the Employer, except those who are student employees or non-resident aliens, are eligible to participate in the Plan immediately upon their first day of employment. Entry dates are daily, each day of the month.

#### **Contributions**

Each year, participants may contribute up to 100% of their pretax annual compensation to the Plan, as defined in the Plan document. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover contributions). Through November 30, 2021, the Employer's matching contributions were calculated at 100% of a participant's pretax contributions up to 8% of the participant's compensation. Effective December 1, 2021, the Employer's matching contributions are calculated at 100% of a participant's pretax contributions up to 10% of the participant's compensation. Catch-up contributions are not matched by the Employer. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

#### **Investment Options**

Participants direct the investment of their contributions into various investment options offered by the Plan.

#### **Participant Accounts**

Each participant's account is credited with the participant's pretax contributions and the Employer's matching contributions, as well as Plan earnings and losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### **Vesting**

Participants are immediately vested in their pretax and rollover contributions, plus actual earnings thereon. Participants are 25% vested in the Employer's matching contributions after two years of service and are fully vested after five years of service. Participants are fully vested upon attainment of normal retirement age, disability, or death.

# **403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.**

## **Notes to Financial Statements September 30, 2023 and 2022**

### **Payment of Benefits**

Upon termination of employment, disability, or death, a participant may elect to receive either a lump-sum payment, an annuity, or under certain circumstances, installment payments, equal to the vested value of his or her account. The Plan also allows for in-service withdrawals for participants meeting certain age or hardship requirements.

See Note 9 for specific disclosures related to the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

### **Forfeitures**

As of September 30, 2023 and 2022, forfeited nonvested accounts totaled \$1 and \$-0-, respectively. Forfeitures are used to reduce future Employer matching contributions. During the year ended September 30, 2023, Employer matching contributions were reduced by \$40,548 from forfeited nonvested accounts.

## **NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

### **Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could 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. Management determines the Plan's valuation policies utilizing information provided by the custodians. See Note 4 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### **Loans to Participants**

Plan loans are made by Metropolitan Life Insurance Company (MetLife) or Mutual of America Life Insurance Company (Mutual of America) to a participant from the general assets of MetLife or Mutual of America, not Plan assets. A participant may borrow a minimum of \$1,000 up to a maximum equal to the lesser of 50% of the participant's vested account balance or \$50,000, reduced by the highest outstanding loan balance during the previous twelve months. A participant

# **403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.**

## **Notes to Financial Statements September 30, 2023 and 2022**

may not have more than two loans outstanding at any time. Loans are subject to a commercially reasonable rate of interest. For loans made by MetLife, the interest rate is based on Moody's Corporate Bond Index.

All loans are required to be repaid within five years, unless the loan is used to acquire the principal residence for the participant. For loans made by MetLife that are used to acquire the principal residence for the participant, the loans are required to be repaid within fifteen years. For loans made by Mutual of America that are used to acquire the principal residence for the participant, the loans are required to be repaid within ten years. The consequences of a loan default are outlined in the Plan documents.

For loans made by MetLife, the amount borrowed plus a loan reserve (25% of the loan amount) must be reserved in the participant's MetLife fixed interest account. For loans made by Mutual of America, the amount borrowed plus a loan reserve (20% of the loan amount) must be reserved in the participant's Mutual of America interest accumulation account. As loan repayments are made, amounts securing the loan are reduced. The participant may then request a transfer of these amounts from his or her MetLife fixed interest account or Mutual of America interest accumulation account to any of the other investment options offered by the Plan. As of September 30, 2023 and 2022, approximately \$499,000 and \$326,000, respectively, of participant account balances were pledged as collateral against outstanding loans totaling \$407,926 and \$403,444, respectively.

### **Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The IRS requires that refunds for these excess contributions be made to the applicable participants within 2 ½ months of the Plan year-end. As of the date of the Independent Auditor's Report, refunds for excess contributions have not yet been made.

### **Payment of Benefits**

Benefit payments are recorded when paid. There were no amounts allocated to withdrawing participants' accounts for distributions payable on or before September 30, 2023 and 2022 but not yet paid as of those dates.

### **Administrative Expenses**

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Certain activity-based fees are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

### **Expense Offset Arrangements**

Fees incurred by the Plan for the investment management services or recordkeeping are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

# 403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

## Notes to Financial Statements September 30, 2023 and 2022

### NOTE 3: INFORMATION CERTIFIED BY CUSTODIANS

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Metropolitan Life Insurance Company and Mutual of America Life Insurance Company have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

- Investments, as shown in the Statements of Net Assets Available for Benefits as of September 30, 2023 and 2022,
- Net appreciation in fair value of investments and interest income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended September 30, 2023, and
- The Schedule of Assets Held at End of Year as of September 30, 2023.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

### NOTE 4: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Codification Topic *Fair Value Measurements and Disclosures* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB Codification Topic *Fair Value Measurements and Disclosures* are described as:

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 <ul style="list-style-type: none"><li>• quoted prices for similar assets or liabilities in active markets;</li><li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• inputs other than quoted prices that are observable for the asset or liability;</li><li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## **403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.**

### **Notes to Financial Statements September 30, 2023 and 2022**

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2023 and 2022.

*Variable annuities in pooled separate accounts:* Valued at the net asset value (NAV) of the units of the pooled separate accounts. The NAV, as provided by the custodians, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the account, less liabilities. This practical expedient is not used when it is determined to be probable that the account will sell the investment for an amount different than reported NAV. Participant transactions (purchases and sales) may occur daily.

*Fixed interest accounts:* Fair value is the amount participants would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination or retirement. This fair value represents the contract value adjusted to reflect current market interest rates only to the extent such market rates exceed crediting rates.

*Interest accumulation account:* Valued at contract value (contributions and interest less expenses and withdrawals), which is deemed to be fair value, as provided by the custodian.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2023 and 2022. In accordance with the FASB Codification Topic, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the items presented in the Statements of Net Assets Available for Benefits.

# 403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

## Notes to Financial Statements September 30, 2023 and 2022

### Assets at Fair Value as of September 30, 2023

|                                          | <u>Level 1</u> | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>         |
|------------------------------------------|----------------|---------------------|----------------|----------------------|
| Fixed interest accounts                  | \$ -           | \$ 5,496,559        | \$ -           | \$ 5,496,559         |
| Interest accumulation account            | <u>-</u>       | <u>1,726,702</u>    | <u>-</u>       | <u>1,726,702</u>     |
| Total assets in the fair value hierarchy | <u>\$ -</u>    | <u>\$ 7,223,261</u> | <u>\$ -</u>    | 7,223,261            |
| Investments measured at net asset value  |                |                     |                | <u>9,497,705</u>     |
| Total investments at fair value          |                |                     |                | <u>\$ 16,720,966</u> |

### Assets at Fair Value as of September 30, 2022

|                                          | <u>Level 1</u> | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>         |
|------------------------------------------|----------------|---------------------|----------------|----------------------|
| Fixed interest accounts                  | \$ -           | \$ 5,686,523        | \$ -           | \$ 5,686,523         |
| Interest accumulation account            | <u>-</u>       | <u>1,316,341</u>    | <u>-</u>       | <u>1,316,341</u>     |
| Total assets in the fair value hierarchy | <u>\$ -</u>    | <u>\$ 7,002,864</u> | <u>\$ -</u>    | 7,002,864            |
| Investments measured at net asset value  |                |                     |                | <u>8,695,029</u>     |
| Total investments at fair value          |                |                     |                | <u>\$ 15,697,893</u> |

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2023 and 2022:

| <b>September 30, 2023</b>                      | <u>Fair Value</u>   | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
|------------------------------------------------|---------------------|-----------------------------|-----------------------------------------------------|---------------------------------|
| Variable annuities in pooled separate accounts | <u>\$ 9,497,705</u> | <u>\$ -</u>                 | Daily                                               | None                            |
| <b>September 30, 2022</b>                      | <u>Fair Value</u>   | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
| Variable annuities in pooled separate accounts | <u>\$ 8,695,029</u> | <u>\$ -</u>                 | Daily                                               | None                            |

# **403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.**

## **Notes to Financial Statements September 30, 2023 and 2022**

Each portfolio included in the pooled separate accounts has different investment objectives and risks. The portfolio prospectuses contain more detailed information on each portfolio's investment strategy. Generally, there are portfolios that seek high level of income with preservation of capital, long-term growth of capital and/or income, growth of capital, capital appreciation, and various combinations of each.

### ***NOTE 5: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS***

The Plan is invested in variable annuities in pooled separate accounts and guaranteed fixed interest accounts under a group annuity contract with MetLife. The Plan is also invested in variable annuities in pooled separate accounts and an interest accumulation account under a group annuity contract with Mutual of America. MetLife and Mutual of America are the custodians of these assets of the Plan. As a result, these investments and the related investment transactions qualify as party-in-interest transactions. Certain MetLife and Mutual of America fees incurred by the Plan are included in net appreciation in fair value of investments, as they are paid through revenue sharing rather than a direct payment.

The Plan incurs expenses related to general administration and record keeping. The Employer pays a portion of these and other Plan expenses. The Employer also performs certain administrative functions at no cost to the Plan. The Employer does not expect reimbursement for these expenses.

The Plan is charged fees and expenses through expense ratios charged by MetLife and Mutual of America to the Plan's various investment options. The investment expense ratios vary by fund and are reflected in the value of the investments held by the Plan. Investment related expenses are included in net appreciation in fair value of investments.

### ***NOTE 6: PLAN TERMINATION***

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants become fully vested in their accounts.

### ***NOTE 7: TAX STATUS AND UNCERTAIN TAX POSITIONS***

The Plan has adopted a Mutual of America Prototype 403(b) Thrift Plan Basic Plan Document. Mutual of America obtained an opinion letter from the Internal Revenue Service dated March 17, 2017, which indicated that the form of the Plan is acceptable under Section 403(b) of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

## **403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.**

### **Notes to Financial Statements September 30, 2023 and 2022**

The Plan accounts for uncertain tax positions in accordance with the provisions of the FASB Codification Topic *Income Taxes*. FASB Codification Topic *Income Taxes* clarifies the accounting for uncertainty in income taxes and requires the Plan to recognize in their financial statements the impact of a tax position taken or expected to be taken in a tax return, if that position is more likely than not to be sustained under audit, based on the technical merits of the position. The Plan administrator has assessed the tax positions taken by the Plan and determined that no positions exist that require adjustment or disclosure under the provisions of FASB Codification Topic *Income Taxes*.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

#### **NOTE 8: RISKS AND UNCERTAINTIES**

The Plan provides for investments in various investment securities, which in general are exposed to certain risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participant's account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Market disruptions associated with certain geopolitical events have had a global impact, and uncertainty exists as to their implications. Such disruptions adversely affect investment assets and thus performance of the investment assets. At this time, an aggregate effect on the Plan's investment assets and their performance cannot be reasonably estimated.

#### **NOTE 9: CARES ACT DISTRIBUTIONS AND LOANS TO PARTICIPANTS**

In response to the financial hardship faced by many individuals as a result of the COVID-19 pandemic, Congress enacted the CARES Act that allowed for certain temporary changes to 403(b) Plan distributions and loans to participants. Qualified individuals could take up to \$100,000 from their retirement accounts. These distributions were not subject to the usual 20% withholdings for federal taxes, age requirements, or notice rules. The tax burden for these distributions could be spread over three years, and the distributions could be repaid over three years. Qualified individuals could take larger loans from their retirement accounts. The maximum loan limit was increased to \$100,000. Loan repayments could be delayed for up to one year. Also, participants did not have to take required minimum distributions for 2020. Plan amendments for adoption of the provisions of the CARES Act are required to be made by December 31, 2025. The Plan has not yet been amended; however, it is Plan management's intent to amend the Plan prior to the due date.

# 403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

## Notes to Financial Statements September 30, 2023 and 2022

### **NOTE 10: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of the financial statements as of and for the years ended September 30, 2023 and 2022 to Form 5500:

|                                                                           | <u>2023</u>          | <u>2022</u>          |
|---------------------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements            | \$ 16,736,333        | \$ 15,701,219        |
| Current year Employer contributions receivable                            | (18,470)             | (4,323)              |
| Current year participant contributions receivable                         | (19,907)             | (4,983)              |
| Current year receivable from insurance company                            | (6,315)              | -                    |
| Prior year receivable from insurance company received in current year     | 286                  | 720                  |
| Prior year receivable from insurance company not received in current year | (576)                | -                    |
| Current year excess contributions payable                                 | <u>29,615</u>        | <u>6,556</u>         |
| Net assets per Form 5500                                                  | <u>\$ 16,720,966</u> | <u>\$ 15,699,189</u> |
| <br>Total additions per the financial statements                          | <br>\$ 2,758,503     |                      |
| Current year Employer contributions receivable                            | (18,470)             |                      |
| Prior year Employer contributions receivable                              | 4,323                |                      |
| Current year participant contributions receivable                         | (19,907)             |                      |
| Prior year participant contributions receivable                           | 4,983                |                      |
| Prior year receivable from insurance company received in current year     | 286                  |                      |
| Prior year receivable from insurance company received in prior year       | (720)                |                      |
| Prior year receivable from insurance company not received in current year | (576)                |                      |
| Current year excess Employer contributions payable                        | 28,831               |                      |
| Current year excess participant contributions payable                     | 784                  |                      |
| Prior year excess Employer contributions payable                          | <u>(6,556)</u>       |                      |
| Total additions per Form 5500                                             | <u>\$ 2,751,481</u>  |                      |
| <br>Total deductions per the financial statements                         | <br>\$ 1,723,389     |                      |
| Receivable from insurance company                                         | <u>6,315</u>         |                      |
| Total deductions per Form 5500                                            | <u>\$ 1,729,704</u>  |                      |

### **NOTE 11: SUBSEQUENT EVENTS**

Management has evaluated subsequent events through July 15, 2024, the date that the financial statements were available to be issued.

## **Supplemental Information**

# **403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.**

**Schedule H, Line 4a – Schedule of Delinquent Participant Contributions  
EIN 73-0770231, PN 002  
September 30, 2023**

| Participant Contributions<br>Transferred Late to Plan                                          | Total that Constitute Nonexempt Prohibited<br>Transactions |                                                  |                                                   | Total Fully Corrected<br>under VFCP and<br>PTE 2002-51 |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| Check here if Late<br>Participant Loan<br>Repayments are included:<br><input type="checkbox"/> | Contributions<br>Not Corrected                             | Contributions<br>Corrected<br>Outside of<br>VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                        |

|                   |                    |
|-------------------|--------------------|
| September 8, 2021 | \$ 2,459.06        |
| August 10, 2022   | 4,983.02           |
|                   | <u>\$ 7,442.08</u> |

**See Independent Auditor's Report**

# 403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Schedule H, Line 4i – Schedule of Assets Held at End of Year  
EIN 73-0770231, PN 002  
September 30, 2023

| (a)                                            | (b) IDENTITY OF<br>ISSUER, BORROWER,<br>LESSOR OR SIMILAR<br>PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE | (d)<br>COST | (e) CURRENT<br>VALUE |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| Variable annuities in pooled separate accounts |                                                                    |                                                                                                                  |             |                      |
|                                                | MetLife                                                            | American Funds Growth Fund 2                                                                                     | N/A         | \$ 1,426             |
|                                                | MetLife                                                            | American Funds Vis Globe Small Cap CL 2                                                                          | N/A         | 862                  |
|                                                | MetLife                                                            | American Funds Growth-Income Fund 2                                                                              | N/A         | 489                  |
|                                                | MetLife                                                            | American Funds Insurance Series R                                                                                | N/A         | 6                    |
|                                                | MetLife                                                            | BHFT MetLife Aggregate Bond Index A                                                                              | N/A         | 25,287               |
|                                                | MetLife                                                            | BHFT PIMCO Total Return CL A                                                                                     | N/A         | 918                  |
|                                                | MetLife                                                            | BHFT T. Rowe Price Mid Cap Growth CL A                                                                           | N/A         | 49,611               |
|                                                | MetLife                                                            | BHFT Western Asset Mgmt Strategic Bond Opp                                                                       | N/A         | 1,925                |
|                                                | MetLife                                                            | BHFT American Funds Balanced Allocation C                                                                        | N/A         | 1                    |
|                                                | MetLife                                                            | BHFT American Funds Moderate Allocation C                                                                        | N/A         | 2                    |
|                                                | MetLife                                                            | BHFT American Funds Growth Allocation C                                                                          | N/A         | 2                    |
|                                                | MetLife                                                            | BHFT - Baillie Gifford International CL A                                                                        | N/A         | 326                  |
|                                                | MetLife                                                            | BHFT BH/Franklin Low Duration Total Return B                                                                     | N/A         | 3                    |
|                                                | MetLife                                                            | BHFT BH/Wellington Large Cap Research A                                                                          | N/A         | 52,733               |
|                                                | MetLife                                                            | BHFT Blackrock Bond Income CL A                                                                                  | N/A         | 844                  |
|                                                | MetLife                                                            | BHFT Blackrock Capital Appreciation E                                                                            | N/A         | 53,064               |
|                                                | MetLife                                                            | BHFT Brighthouse Asset Allocation 100 Portfolio                                                                  | N/A         | 10,946               |
|                                                | MetLife                                                            | BHFT Brighthouse Asset Allocation 20 Portfolio                                                                   | N/A         | 105,451              |
|                                                | MetLife                                                            | BHFT Brighthouse Asset Allocation 40 Portfolio                                                                   | N/A         | 245,906              |
|                                                | MetLife                                                            | BHFT Brighthouse Asset Allocation 60 Portfolio                                                                   | N/A         | 349,963              |
|                                                | MetLife                                                            | BHFT Brighthouse Asset Allocation 80 Portfolio                                                                   | N/A         | 128,055              |
|                                                | MetLife                                                            | BHFT Brighthouse / Artisan Mid Cap Value A                                                                       | N/A         | 3                    |
|                                                | MetLife                                                            | BHFT Brighthouse/Wellington Balanced A                                                                           | N/A         | 118,261              |
|                                                | MetLife                                                            | BHFT CBRE Global Real Estate Portfolio                                                                           | N/A         | 1                    |
|                                                | MetLife                                                            | BHFT Frontier Mid Cap Growth A                                                                                   | N/A         | 20,437               |
|                                                | MetLife                                                            | BHFT Harris Oakmark International CL E                                                                           | N/A         | 17,879               |
|                                                | MetLife                                                            | BHFT Invesco Small Cap Growth Class E                                                                            | N/A         | 1                    |
|                                                | MetLife                                                            | BHFT Jennison Growth Class A                                                                                     | N/A         | 4                    |
|                                                | MetLife                                                            | BHFT Loomis Sayles Small Cap Core A                                                                              | N/A         | 3                    |
|                                                | MetLife                                                            | BHFT Loomis Sayles Small Cap Growth A                                                                            | N/A         | 3                    |
|                                                | MetLife                                                            | BHFT MetLife Mid Cap Stock Index CL A                                                                            | N/A         | 54,752               |
|                                                | MetLife                                                            | BHFT MetLife MSCI EAFE Index Class A                                                                             | N/A         | 22,784               |
|                                                | MetLife                                                            | BHFT MetLife Russell 2000 Index                                                                                  | N/A         | 67,567               |
|                                                | MetLife                                                            | BHFT MetLife Stock Index CL A                                                                                    | N/A         | 469,603              |
|                                                | MetLife                                                            | BHFT MFS Research International                                                                                  | N/A         | 2,001                |

**See Independent Auditor's Report**

# 403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Schedule H, Line 4i – Schedule of Assets Held at End of Year  
EIN 73-0770231, PN 002  
September 30, 2023

| (a) | (b) IDENTITY OF<br>ISSUER, BORROWER,<br>LESSOR OR SIMILAR<br>PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE | (d)<br>COST | (e) CURRENT<br>VALUE |
|-----|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | MetLife                                                            | BHFT MFS Total Return CL A                                                                                       | N/A         | 962                  |
|     | MetLife                                                            | BHFT MFS Value Class A                                                                                           | N/A         | 2                    |
|     | MetLife                                                            | BHFT Neuberger Berman Genesis CL A                                                                               | N/A         | 40,573               |
|     | MetLife                                                            | BHFT PIMCO Inflation Protected Class E                                                                           | N/A         | 3                    |
|     | MetLife                                                            | BHFT SSGA Growth & Income ETF Class E                                                                            | N/A         | 1                    |
|     | MetLife                                                            | BHFT SSGA Growth EFT Class E                                                                                     | N/A         | 1                    |
|     | MetLife                                                            | BHFT T. Rowe Price Large Cap Growth CL A                                                                         | N/A         | 8,654                |
|     | MetLife                                                            | BHFT T. Rowe Price Small Cap Growth CL A                                                                         | N/A         | 2                    |
|     | MetLife                                                            | BHFT Western Asset Mgmt US Gov CL A                                                                              | N/A         | 1,592                |
|     | MetLife                                                            | BHFTI Invesco Global Equity Portfolio                                                                            | N/A         | 3                    |
|     | MetLife                                                            | BHFTI Loomis Sayles Global Allocation Portfolio B                                                                | N/A         | 1                    |
|     | MetLife                                                            | BHFTI Loomis Sayles Growth Portfolio A                                                                           | N/A         | 41                   |
|     | MetLife                                                            | BHFTI Morgan Stanley Discovery Port A                                                                            | N/A         | 85,393               |
|     | MetLife                                                            | BHFTII MFS Value E                                                                                               | N/A         | 3                    |
|     | MetLife                                                            | BHFTT BH/Wellington Core Equity Opp CL A                                                                         | N/A         | 3                    |
|     | MetLife                                                            | Calvert VP SRI Balanced Portfolio CL 1                                                                           | N/A         | 2,144                |
|     | MetLife                                                            | Calvert VP SRI Mid Cap Portfolio                                                                                 | N/A         | 2,431                |
|     | MetLife                                                            | Fidelity Investment Grade Bond                                                                                   | N/A         | 1,878                |
|     | MetLife                                                            | Fidelity VIP Equity-Income                                                                                       | N/A         | 5                    |
|     | MetLife                                                            | Fidelity VIP Growth                                                                                              | N/A         | 175,921              |
|     | MetLife                                                            | Fidelity Freedom 2035 Portfolio Class 2                                                                          | N/A         | 3                    |
|     | MetLife                                                            | Fidelity Freedom 2045 Portfolio Class 2                                                                          | N/A         | 3                    |
|     | MetLife                                                            | Fidelity VIP Freedom 2020 Service Class 2                                                                        | N/A         | 3                    |
|     | MetLife                                                            | Fidelity VIP Freedom 2025 Service Class 2                                                                        | N/A         | 2                    |
|     | MetLife                                                            | Fidelity VIP Freedom 2030 Service Class 2                                                                        | N/A         | 2                    |
|     | MetLife                                                            | Fidelity VIP Freedom 2040 Service Class 2                                                                        | N/A         | 2                    |
|     | MetLife                                                            | Fidelity VIP Freedom 2050 Service Class 2                                                                        | N/A         | 2                    |
|     | MetLife                                                            | Victory Sycamore Mid Cap Value Portfolio A                                                                       | N/A         | 41,451               |
| *   | Mutual of America                                                  | Mutual of America Aggressive Allocation                                                                          | N/A         | 245,769              |
| *   | Mutual of America                                                  | Mutual of America Conservative Allocation                                                                        | N/A         | 344,096              |
| *   | Mutual of America                                                  | Mutual of America Moderate Allocation                                                                            | N/A         | 1,466,875            |
| *   | Mutual of America                                                  | Mutual of America Bond Fund                                                                                      | N/A         | 23,804               |
|     | Mutual of America                                                  | T Rowe Price Blue Chip Growth                                                                                    | N/A         | 545,814              |
| *   | Mutual of America                                                  | Mutual of America Composite Fund                                                                                 | N/A         | 16,259               |
|     | Mutual of America                                                  | Calvert VP SRI Balanced Portfolio                                                                                | N/A         | 157,254              |
|     | Mutual of America                                                  | Delaware VIP Small Cap Value Series                                                                              | N/A         | 1,870                |

See Independent Auditor's Report

# 403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Schedule H, Line 4i – Schedule of Assets Held at End of Year  
EIN 73-0770231, PN 002  
September 30, 2023

| (a) | (b) IDENTITY OF<br>ISSUER, BORROWER,<br>LESSOR OR SIMILAR<br>PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE | (d)<br>COST | (e) CURRENT<br>VALUE |
|-----|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *   | Mutual of America                                                  | Mutual of America Equity Index Fund                                                                              | N/A         | 464,698              |
|     | Mutual of America                                                  | Fidelity VIP Mid Cap Portfolio                                                                                   | N/A         | 379                  |
|     | Mutual of America                                                  | Fidelity VIP Asset Manager Portfolio                                                                             | N/A         | 1,823                |
|     | Mutual of America                                                  | Fidelity VIP Contrafund Portfolio                                                                                | N/A         | 5,774                |
|     | Mutual of America                                                  | Fidelity VIP Equity-Income Portfolio                                                                             | N/A         | 53,082               |
|     | Mutual of America                                                  | Goldman Sachs VIT Small Cap Eq Insights                                                                          | N/A         | 5,221                |
|     | Mutual of America                                                  | American Funds IS New World Fund                                                                                 | N/A         | 1,789                |
| *   | Mutual of America                                                  | Mutual of America Money Market Fund                                                                              | N/A         | 1,945                |
| *   | Mutual of America                                                  | Mutual of America Mid-Term Bond Fund                                                                             | N/A         | 1,824                |
| *   | Mutual of America                                                  | Mutual of America Mid Cap Value Fund                                                                             | N/A         | 77,234               |
| *   | Mutual of America                                                  | Mutual of America International Fund                                                                             | N/A         | 6,293                |
|     | Mutual of America                                                  | Invesco V.I. Main Street                                                                                         | N/A         | 4,798                |
| *   | Mutual of America                                                  | Mutual of America Retirement Income Fund                                                                         | N/A         | 39,822               |
|     | Mutual of America                                                  | Vanguard VIF Real Estate Index Portfolio                                                                         | N/A         | 9,290                |
|     | Mutual of America                                                  | PIMCO VIT Real Return Portfolio                                                                                  | N/A         | 62,458               |
|     | Mutual of America                                                  | Victory RS Small Cap Growth Equity VIP                                                                           | N/A         | 1,306                |
| *   | Mutual of America                                                  | Mutual of America 2020 Retirement Fund                                                                           | N/A         | 276,992              |
| *   | Mutual of America                                                  | Mutual of America 2025 Retirement Fund                                                                           | N/A         | 139,358              |
| *   | Mutual of America                                                  | Mutual of America 2030 Retirement Fund                                                                           | N/A         | 1,352,722            |
| *   | Mutual of America                                                  | Mutual of America 2035 Retirement Fund                                                                           | N/A         | 587,706              |
| *   | Mutual of America                                                  | Mutual of America 2040 Retirement Fund                                                                           | N/A         | 313,944              |
| *   | Mutual of America                                                  | Mutual of America 2045 Retirement Fund                                                                           | N/A         | 326,648              |
| *   | Mutual of America                                                  | Mutual of America 2050 Retirement Fund                                                                           | N/A         | 433,962              |
| *   | Mutual of America                                                  | Mutual of America 2055 Retirement Fund                                                                           | N/A         | 136,475              |
| *   | Mutual of America                                                  | Mutual of America 2060 Retirement Fund                                                                           | N/A         | 28,849               |
| *   | Mutual of America                                                  | Mutual of America All America Fund                                                                               | N/A         | 1,952                |
|     | Mutual of America                                                  | DWS Capital Growth VIP                                                                                           | N/A         | 16,050               |
| *   | Mutual of America                                                  | Mutual of America Small Cap Value Fund                                                                           | N/A         | 47,546               |
|     | Mutual of America                                                  | American Century VP Capital Appreciation                                                                         | N/A         | 19,412               |
|     | Mutual of America                                                  | Vanguard VIF International Portfolio                                                                             | N/A         | 16,119               |
| *   | Mutual of America                                                  | Mutual of America Small Cap Equity Index Fund                                                                    | N/A         | 25                   |
| *   | Mutual of America                                                  | Mutual of America Small Cap Growth Fund                                                                          | N/A         | 24                   |
|     | Mutual of America                                                  | Vanguard RS Small Cap Growth Equity VIP                                                                          | N/A         | 98,244               |
|     | Total Variable annuities in pooled separate accounts               |                                                                                                                  |             | 9,497,705            |

See Independent Auditor's Report

# 403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Schedule H, Line 4i – Schedule of Assets Held at End of Year  
EIN 73-0770231, PN 002  
September 30, 2023

| (a)                           | (b) IDENTITY OF<br>ISSUER, BORROWER,<br>LESSOR OR SIMILAR<br>PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE | (d)<br>COST | (e) CURRENT<br>VALUE |
|-------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|                               | Fixed interest accounts                                            |                                                                                                                  |             |                      |
| *                             | MetLife                                                            | Fixed Interest Account (Loan Collateral)                                                                         | N/A         | 279,077              |
| *                             | MetLife                                                            | Fixed Interest Account                                                                                           | N/A         | 5,217,482            |
|                               | Total Fixed interest accounts                                      |                                                                                                                  |             | 5,496,559            |
|                               | Interest accumulation account                                      |                                                                                                                  |             |                      |
| *                             | Mutual of America                                                  | Interest Accumulation Account                                                                                    | N/A         | 1,726,702            |
|                               | Total Investments                                                  |                                                                                                                  |             | \$ 16,720,966        |
| * Indicates party-in-interest |                                                                    |                                                                                                                  |             |                      |

**NOTE: HISTORICAL COST INFORMATION**

Disclosure of historical cost information with regard to certain plan investments is normally required to be presented in the Schedule of Assets Held at End of Year in accordance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This disclosure requirement, however, does not apply to plans whose investments are 100% participant directed; therefore, no cost information is reported in the above referenced schedule.

See Independent Auditor's Report

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

**Plan Name** 403(b) Thrift Plan for Employees of Ki Bois Community Action Foundation, Inc.

**EIN:** 73-0770231

**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<br>American Century Investments VP Capital Appreciation Fund                         |          | 19,412            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>American Funds Insurance Series New World Fund                                    |          | 1,789             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Calvert VP SRI Balanced Portfolio                                                 |          | 157,254           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>DFA Emerging Markets Social Core Equity Portfolio                                 |          | 20,219            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>DFA International Social Core Equity Portfolio                                    |          | 136,170           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>DWS Capital Growth VIP                                                            |          | 16,050            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Delaware VIP Small Cap Value Series                                               |          | 1,870             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Fidelity VIP Asset Manager Portfolio                                              |          | 1,823             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Fidelity VIP Contrafund Portfolio                                                 |          | 5,774             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Fidelity VIP Equity-Income Portfolio                                              |          | 53,082            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Fidelity VIP Mid Cap Portfolio                                                    |          | 379               |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Goldman Sachs VIT Small Cap Equity Insights Fund                                  |          | 5,221             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC 2020 Target Retirement Portfolio                                              |          | 488               |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC 2025 Target Retirement Portfolio                                              |          | 669,879           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC 2030 Target Retirement Portfolio                                              |          | 781,552           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC 2035 Target Retirement Portfolio                                              |          | 503,627           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC 2040 Target Retirement Portfolio                                              |          | 58,089            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC 2045 Target Retirement Portfolio                                              |          | 188,067           |

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

**Plan Name** 403(b) Thrift Plan for Employees of Ki Bois Community Action Foundation, Inc.

**EIN:** 73-0770231

**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<br>IFC 2050 Target Retirement Portfolio                                              |          | 296,298           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC 2055 Target Retirement Portfolio                                              |          | 62,092            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC 2060 Target Retirement Portfolio                                              |          | 105,316           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC 2065 Target Retirement Portfolio                                              |          | 6,256             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC 2080 Target Retirement Portfolio                                              |          | 220,492           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC Aggressive Target Risk Portfolio                                              |          | 1,435             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>IFC Retirement Income Target Portfolio                                            |          | 24,132            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Invesco V.I. Main Street Fund                                                     |          | 4,798             |
| *   | PARTICIPANT LOANS                                          | Represents outstanding<br>Loan Balance                                                                      |          | 1,322             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Aggressive Allocation Fund                                                    |          | 245,769           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA All America Fund                                                              |          | 1,952             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Balanced Fund                                                                 |          | 16,259            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2020 Fund                                                       |          | 276,992           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2025 Fund                                                       |          | 139,358           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2030 Fund                                                       |          | 1,352,722         |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2035 Fund                                                       |          | 587,706           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2040 Fund                                                       |          | 313,944           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2045 Fund                                                       |          | 326,648           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2050 Fund                                                       |          | 433,962           |

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

**Plan Name** 403(b) Thrift Plan for Employees of Ki Bois Community Action Foundation, Inc.

**EIN:** 73-0770231

**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<br>MoA Clear Passage 2055 Fund                                                       |          | 136,475           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2060 Fund                                                       |          | 28,849            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Conservative Allocation Fund                                                  |          | 344,096           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Core Bond Fund                                                                |          | 23,804            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Equity Index Fund                                                             |          | 464,698           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Intermediate Bond Fund                                                        |          | 1,824             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA International Fund                                                            |          | 6,293             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Mid Cap Equity Index Fund                                                     |          | 451               |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Mid Cap Value Fund                                                            |          | 77,234            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Moderate Allocation Fund                                                      |          | 1,466,875         |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Money Market Fund                                                             |          | 1,945             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Retirement Income Fund                                                        |          | 39,822            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Small Cap Equity Index Fund                                                   |          | 25                |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Small Cap Growth Fund                                                         |          | 24                |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MoA Small Cap Value Fund                                                          |          | 47,546            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America Interest Accumulation Account                                   |          | 1,726,777         |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>PIMCO VIT Real Return Portfolio                                                   |          | 62,458            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>T. Rowe Price Blue Chip Growth Portfolio                                          |          | 545,814           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard Total Bond Market Index Adm                                              |          | 19,435            |

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

**Plan Name** 403(b) Thrift Plan for Employees of Ki Bois Community Action Foundation, Inc.

**EIN:** 73-0770231

**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<br>Vanguard Treasury Money Market Investor                                           |          | 27,928            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard VIF International Portfolio                                              |          | 16,119            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard VIF Real Estate Index Portfolio                                          |          | 9,290             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard VIF Total Bond Market Index Portfolio                                    |          | 98,244            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Victory RS Small Cap Growth Equity VIP Series                                     |          | 1,306             |

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
| IMETBF            |               |               | 5.89           | 5.58          |
| IMETGO            |               |               | 831.03         | 1,426.40      |
| IMETGS            |               |               | 177.14         | 861.59        |
| IMETTI            |               |               | 315.52         | 489.42        |
| IMETESR           |               |               | 765.63         | 2,144.21      |
| IARLAPP           |               |               | 722.20         | 2,431.45      |
| IMETJR            |               |               | 28.60          | 41.18         |
| IMETRR            |               |               | 2.98           | 3.10          |
| IMETF4            |               |               | 2.98           | 3.12          |
| IMETF6            |               |               | 2.98           | 3.18          |
| IFIDIGB           |               |               | 1,229.89       | 1,877.92      |
| IFIDEQI           |               |               | 4.46           | 4.70          |
| IFIDGRW           |               |               | 127,423.84     | 175,921.31    |
| IMETR             |               |               | 2.53           | 2.55          |
| IMETRA            |               |               | 1.52           | 1.54          |
| IMETRB            |               |               | 1.52           | 1.56          |
| IMETRF            |               |               | 1.46           | 1.56          |
| IMETRH            |               |               | 1.46           | 1.56          |
| IMETAG            |               |               | 5,760.57       | 20,437.05     |
| IMETMX            |               |               | 26,749.05      | 54,751.60     |
| IMETRL            |               |               | 1,500.73       | 2,000.86      |
| IMETLV            |               |               | 1.48           | 1.54          |
| IMETBA            |               |               | 1.46           | 1.52          |
| IMETGA            |               |               | 1.46           | 1.58          |
| IMETMA            |               |               | 1.52           | 1.54          |
| IMETGRW           |               |               | 12,615.15      | 52,732.95     |
| IMETRT            |               |               | 1.52           | 1.38          |
| IMETIC            |               |               | 11,962.29      | 17,878.70     |
| IMETAS            |               |               | 1.46           | 1.48          |
| IMETL2            |               |               | 1.46           | 1.58          |
| IMETLA            |               |               | 19,938.91      | 41,451.42     |
| IMETFT            |               |               | 2.98           | 3.02          |
| IMETSM            |               |               | 55,919.18      | 85,393.19     |
| IMETFV            |               |               | 2.98           | 3.40          |
| IMETPI            |               |               | 2.98           | 2.80          |
| IMETTR            |               |               | 568.56         | 918.11        |
| IMETMG            |               |               | 17,965.37      | 49,611.37     |
| IMETNA            |               |               | 5,758.22       | 10,946.35     |
| IMETIB            |               |               | 568.58         | 844.10        |
| IMETDVS           |               |               | 55,218.60      | 118,260.79    |
| IMETVV            |               |               | 2.86           | 2.92          |
| IMETJE            |               |               | 2.98           | 3.60          |
| IMETLS            |               |               | 2.98           | 3.30          |
| IMETSG            |               |               | 2.86           | 3.10          |
| IMETHV            |               |               | 2.98           | 3.14          |
| IMETESI           |               |               | 204,283.61     | 469,602.54    |
| IMETMT            |               |               | 362.18         | 961.72        |
| IMETAU            |               |               | 17,962.06      | 40,573.05     |
| IMETLC            |               |               | 4,855.60       | 8,653.64      |
| IMETSC            |               |               | 1.42           | 1.56          |
| IMETSB            |               |               | 1,054.36       | 1,925.19      |

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS      | CURRENT VALUE       |
|-------------------|---------------|---------------|---------------------|---------------------|
| IMETIT            |               |               | 294.56              | 326.07              |
| IMETBI            |               |               | 22,314.45           | 25,286.60           |
| IMETAE            |               |               | 18,177.05           | 53,063.52           |
| IMETM1            |               |               | 92,589.65           | 105,451.04          |
| IMETM2            |               |               | 192,413.18          | 245,906.28          |
| IMETM3            |               |               | 254,102.39          | 349,963.08          |
| IMETM4            |               |               | 82,981.23           | 128,055.26          |
| IMETII            |               |               | 16,283.60           | 22,784.05           |
| IMETGV            |               |               | 1,330.34            | 1,592.08            |
| IMETRI            |               |               | 35,669.10           | 67,566.78           |
| IMETCI            |               |               | 1.48                | 1.52                |
| IMETCY            |               |               | 1.48                | 1.54                |
| IFIALN            | 4.250         |               | 0.00                | 598.49              |
| IFIALN            | 4.000         |               | 2,023.72            | 7,911.10            |
| IFIALN            | 2.000         |               | 1,977.32            | 2,433.60            |
| IFIALN            | 5.250         |               | 0.00                | 962.72              |
| IFIALN            | 3.000         |               | 217,097.64          | 267,171.54          |
| IFIA              | 3.750         |               | 109,922.46          | 111,771.83          |
| IFIA              | 4.050         |               | 56,753.82           | 57,006.41           |
| IFIA              | 3.150         |               | 3,710,321.86        | 4,522,246.45        |
| IFIA              | 3.000         |               | 504,730.78          | 526,457.43          |
|                   |               |               | <b>5,893,586.14</b> | <b>7,658,759.41</b> |

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
|-------------------|---------------|---------------|----------------|---------------|

LEGEND

INVESTMENT OPTION:

|         |                                          |         |                                          |
|---------|------------------------------------------|---------|------------------------------------------|
| IMETBF  | American Funds Insurance Series (R)      | IMETGO  | American Funds (R) Gro Fund 2            |
| IMETGS  | American Funds (R) VIS Glob Sm Cap CL 2  | IMETTI  | American Funds Growth-Income Fund 2      |
| IMETESR | Calvert VP SRI Balanced Portfolio Cl I   | IARLAPP | Calvert VP SRI Mid Cap Portfolio X       |
| IMETJR  | BHFT Loomis Sayles Growth Portfolio A    | IMETRR  | BHFTII MFS Value E                       |
| IMETF4  | Fidelity Freedom 2035 Portfolio Class 2  | IMETF6  | Fidelity Freedom 2045 Portfolio Class 2  |
| IFIDIGB | Fidelity (R) Investment Grade Bond       | IFIDEQI | Fidelity (R) VIP Equity-Income           |
| IFIDGRW | Fidelity (R) VIP Growth                  | IMETIR  | Fidelity VIP Freedom 2020 Service Cl 2   |
| IMETRA  | Fidelity VIP Freedom 2025 Service Cl 2   | IMETRB  | Fidelity VIP Freedom 2030 Service Cl 2   |
| IMETRF  | Fidelity VIP Freedom 2040 Service Cl 2   | IMETRH  | Fidelity VIP Freedom 2050 Service Cl 2   |
| IMETAG  | BHFT Frontier Mid Cap Growth A           | IMETMX  | BHFT MetLife Mid Cap Stock Index Class A |
| IMETRL  | BHFT MFS Research International Class A  | IMETLV  | BHFT MFS Value Class A                   |
| IMETBA  | BHFT American Fund Balanced Allocation C | IMETGA  | BHFT American Funds Growth Allocation C  |
| IMETMA  | BHFT American Fund Moderate Allocation C | IMETGRW | BHFT BH/Wellington Large Cap Research A  |
| IMETRT  | BHFT CBRE Global Real Estate Portfolio   | IMETIC  | BHFT Harris Oakmark International CL E   |
| IMETAS  | BHFT INVESCO Small Cap Growth Class E    | IMETL2  | BHFT Loomis Sayles Global Alloc Port B   |
| IMETLA  | Victory Sycamore Mid Cap Val Port A      | IMETFT  | BHFT BH/Franklin Low Duration Tot Ret B  |
| IMETSM  | BHFTI Morgan Stanley Discovery Port A    | IMETFV  | BHFTI Invesco Global Equity Portfolio    |
| IMETPI  | BHFT PIMCO Inflation Protected Class E   | IMETTR  | BHFT PIMCO Total Return Class A          |
| IMETMG  | BHFT - T. Rowe Price Mid Cap Growth CL A | IMETNA  | BHFT Brighthouse Asset Allocation 100 A  |
| IMETIB  | BHFT BlackRock Bond Income - Class A     | IMETDVS | BHFT Brighthouse/Wellington Balanced A   |
| IMETVV  | BHFTT BH/Wellington Core Equity Opp CL A | IMETJE  | BHFT Jennison Growth Class A             |
| IMETLS  | BHFT Loomis Sayles Small Cap Core A      | IMETSG  | BHFT Loomis Sayles Small Cap Growth A    |
| IMETHV  | BHFT Brighthouse/Artisan Mid Cap Value A | IMETESI | BHFT MetLife Stock Index Class A         |
| IMETMT  | BHFT MFS Total Return Class A            | IMETAU  | BHFT Neuberger Berman Genesis Class A    |
| IMETLC  | BHFT T. Rowe Price Large Cap Growth A    | IMETSC  | BHFT T. Rowe Price Small Cap Growth A    |
| IMETSB  | BHFT - Western Asset Mgmt Strat Bond Opp | IMETIT  | BHFT Baillie Gifford International Cl A  |
| IMETBI  | BHFT MetLife Aggregate Bond Index A      | IMETAE  | BHFT BlackRock Capital Appreciation E    |
| IMETM1  | BHFT Brighthouse Asset Allocation 20 A   | IMETM2  | BHFT Brighthouse Asset Allocation 40 A   |
| IMETM3  | BHFT Brighthouse Asset Allocation 60 A   | IMETM4  | BHFT Brighthouse Asset Allocation 80 A   |
| IMETII  | BHFT MetLife MSCI EAFE Index - Class A   | IMETGV  | BHFT Brighthouse Asset Allocation 80 A   |
| IMETRI  | BHFT MetLife Russell 2000 Index Port A   | IMETCI  | BHFT Western Asset Mgmt US Government A  |
| IMETCY  | BHFT SSGA Growth ETF Class E             | IFIALN  | BHFT SSGA Growth & Income ETF Class E    |
| IFIA    | Fixed Interest Account                   |         | Fixed Int Acct(Loan Collateral)          |

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year  
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year