| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2023**<br>**This Form is Open to Public Inspection** |

## Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [x] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [x] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN S ASSOCIATION OF SOUTHERN NEW YORK, INC.

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1995

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY

840 UPPER FRONT ST
BINGHAMTON, NY 13905-1566

**2b** Employer Identification Number (EIN) 15-0516395

**2c** Plan Sponsor's telephone number 607-217-0066

**2d** Business code (see instructions) 813000

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/10/2024 | LISA KOST |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 485 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 309 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 370 |
| **b** Retired or separated participants receiving benefits | **6b** | 7 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 203 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 580 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 580 |
| **g(1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 480 |
| **g(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 490 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 8 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2F 2G 2S 2T 3D

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

**9a** Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

| SCHEDULE A (Form 5500) | Insurance Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.**<br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | **2023**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN S ASSOCIATION OF SOUTHERN NEW YORK, INC.

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY

**D** Employer Identification Number (EIN)
15-0516395

## 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
MUTUAL OF AMERICA SEC. CORP LLC

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | **(g)** To |
|---|---|---|---|---|---|
| 13-1614399 | 88668 | 58742 | 490 | 01/01/2023 | 12/31/2023 |

**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 | 556 |

**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

ROCHESTER REGIONAL OFFICE
90 LINDEN OAKS
SUITE 210
ROCHESTER, NY 14625-2808

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
|---|---|---|---|
| | 556 | INCENTIVE COMPENSATION | 3 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 1257001 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 8701420 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | |
|---|---|---|---|---|
| b | Balance at the end of the previous year | | 7b | 1053024 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 146042 | |
| | (2) Dividends and credits | 7c(2) | 0 | |
| | (3) Interest credited during the year | 7c(3) | 18421 | |
| | (4) Transferred from separate account | 7c(4) | 63436 | |
| | (5) Other (specify below) | 7c(5) | 235 | |
| | ▶ LOAN ACTIVITY | | | |
| | (6)Total additions | | 7c(6) | 228134 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | 7d | 1281158 |
| e | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 23227 | |
| | (2) Administration charge made by carrier | 7e(2) | 794 | |
| | (3) Transferred to separate account | 7e(3) | 0 | |
| | (4) Other (specify below) | 7e(4) | 136 | |
| | ▶ FORFEITURE AND OTHER ACTIVITY | | | |
| | (5) Total deductions | | 7e(5) | 24157 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | 7f | 1257001 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). | 2023 |
| Department of Labor Employee Benefits Security Administration | ▶ **File as an attachment to Form 5500.** | **This Form is Open to Public Inspection.** |
| Pension Benefit Guaranty Corporation | | |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN S ASSOCIATION OF SOUTHERN NEW YORK, INC.

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY

**D** Employer Identification Number (EIN)
15-0516395

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 12 15 37 65 | RECORD KEEPER | 3567 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| SCHEDULE D (Form 5500) | DFE/Participating Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN S ASSOCIATION OF SOUTHERN NEW YORK, INC.

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY

**D** Employer Identification Number (EIN)
15-0516395

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA2

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-1614399-002 | P | 8701420 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**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

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN S ASSOCIATION OF SOUTHERN NEW YORK, INC.

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY

**D** Employer Identification Number (EIN)
15-0516395

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 584276 | 444375 |
| (2) Participant contributions | 1b(2) | 23065 | 25458 |
| (3) Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| (2) U.S. Government securities | 1c(2) | 0 | 0 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 0 | 0 |
| (B) All other | 1c(3)(B) | 0 | 0 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 0 | 0 |
| (B) Common | 1c(4)(B) | 0 | 0 |
| (5) Partnership/joint venture interests | 1c(5) | 0 | 0 |
| (6) Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| (7) Loans (other than to participants) | 1c(7) | 0 | 0 |
| (8) Participant loans | 1c(8) | 73629 | 96723 |
| (9) Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| (11) Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 7404553 | 9360752 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 1083226 | 1267184 |
| (15) Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 9168749 | 11194492 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 9168749 | 11194492 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 661795 | |
| **(B)** Participants | 2a(1)(B) | 714117 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 8023 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1383935 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 133 | |
| **(F)** Other | 2b(1)(F) | 21488 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 21621 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 0 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 1295899 |
| (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 | | 236 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2701691 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 670292 | |
| (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) | | 670292 |
| 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) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 5656 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 5656 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 675948 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2025743 |
| 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)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

**(1)** [X] 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: BONADIO & CO., LLP **(2)** EIN: 16-1131146

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

**(1)** [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

| During the plan year: | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | 4j | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) …….. ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

| SCHEDULE R (Form 5500) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN S ASSOCIATION OF SOUTHERN NEW YORK, INC.

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY

**D** Employer Identification Number (EIN)
15-0516395

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3590259 _____

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3** 0

## Part II Funding Information

(If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs

(see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11 a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

**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._____

## Part VII IRS Compliance Questions

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

# 403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.

**Financial Statements**
**as of December 31, 2023 and 2022**
**Together with**
**Independent Auditor's Report**

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

## INDEPENDENT AUDITOR'S REPORT

October 8, 2024

To the Plan Administrator of
403(b) Thrift Plan of The Handicapped Children's Association of
Southern New York, Inc.:

***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***
We have performed audits of the accompanying financial statements of 403(b) Thrift Plan of The Handicapped Children's Association of Southern New York, 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 December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, 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 and for the years ended December 31, 2023 and 2022, 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

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**INDEPENDENT AUDITOR'S REPORT**
(Continued)

***Basis for Opinion***
We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

(Continued)

**INDEPENDENT AUDITOR'S REPORT**
(Continued)

***Auditor's Responsibilities for the Audit of the Financial Statements (Continued)***
In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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.

(Continued)

**INDEPENDENT AUDITOR'S REPORT**
(Continued)

**Other Matter - Supplemental Schedule Required by ERISA**
The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule 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 schedule 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 an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Bonadio & Co., LLP

## 403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
### DECEMBER 31, 2023 AND 2022

| | 2023 | 2022 |
|---|---|---|
| **ASSETS** | | |
| INVESTMENTS, at fair value: | | |
| Separate account funds | $ 9,360,752 | $ 7,404,553 |
| FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACTS, at contract value | 1,267,184 | 1,083,226 |
| Total investments | 10,627,936 | 8,487,779 |
| RECEIVABLES: | | |
| Employer contributions | 444,375 | 584,276 |
| Participant contributions | 25,458 | 23,065 |
| Notes receivable from participants | 96,723 | 73,629 |
| Total receivables | 566,556 | 680,970 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 11,194,492 | $ 9,168,749 |

The accompanying notes are an integral part of these statements.

## 403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

| | 2023 | 2022 |
|---|---|---|
| ADDITIONS: | | |
| Contributions - | | |
| Participant contributions | $ 714,117 | $ 760,105 |
| Employer contributions | 661,795 | 813,947 |
| Rollovers | 8,023 | 38,877 |
| Total contributions | 1,383,935 | 1,612,929 |
| Net appreciation (depreciation) in fair value of investments | 1,296,135 | (1,299,278) |
| Interest income | 21,488 | 5,244 |
| Interest income on notes receivable from participants | 133 | 244 |
| Total additions | 2,701,691 | 319,139 |
| DEDUCTIONS: | | |
| Benefit payments | 670,292 | 341,187 |
| Administrative expenses | 5,656 | 8,347 |
| Total deductions | 675,948 | 349,534 |
| CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS | 2,025,743 | (30,395) |
| NET ASSETS AVAILABLE FOR BENEFITS - beginning of year | 9,168,749 | 9,199,144 |
| NET ASSETS AVAILABLE FOR BENEFITS - end of year | $ 11,194,492 | $ 9,168,749 |

The accompanying notes are an integral part of these statements.

## 1. DESCRIPTION OF PLAN

The following brief description of the 403(b) Thrift Plan of The Handicapped Children's Association of Southern New York, Inc. (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan under section 403(b) of the Internal Revenue Code (IRC) available to all employees of The Handicapped Children's Association of Southern New York, Inc. (the Organization) who meet certain eligibility requirements. The Plan is administered by the Organization. Mutual of America Life Insurance Company (Mutual of America) and Equitable Financial Life Insurance Company (Equitable) are the custodians and recordkeepers of the Plan's assets. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Eligibility

All employees are eligible to begin salary deferrals as soon as they begin employment with the Organization. Employees of the Organization who are at least 21 years of age and have completed one year of service (1,000 hours of service over a twelve-month period) are eligible to receive employer contributions.

### Contributions

Active participants may make voluntary pre-tax contributions in the form of salary reductions up to the amount permitted by law and any applicable rollovers from other qualified plans, subject to certain limitations of the Plan and the IRC. Eligible participants, who attain the age of 50 before the end of the plan year, are eligible to make catch-up contributions, subject to certain limitations of the IRC. The Plan has auto-enrollment at 3% with an available opt-out feature. In addition, there is an auto-increase of 1% for each year thereafter with a maximum of 6%.

The Plan provides for matching contributions by the Organization. The Organization's matching contribution was equal to 50% of the participant's elective deferrals up to a maximum of 6% of eligible compensation. In addition, the Organization may make discretionary contributions to the Plan. The Organization's discretionary contribution was 4% and 5% in 2023 and 2022, respectively.

### Participant Accounts

Each participant's account is credited with the participant's contribution, the employer's contribution, Plan earnings/losses on all contributions and administrative expenses. Allocations of earnings/losses and administrative expenses are based on account balances, according to specific terms provided by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

## 1. DESCRIPTION OF PLAN (Continued)

### Benefits Payments

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or distributions based on various annuity options or fixed income payments. Terminated participants also have the option of leaving their funds in their account if the balance exceeds $5,000, provided they are not required to take minimum distributions from their account according to the provisions of the IRC.

### Hardship Withdrawals

Hardship withdrawals from the Plan are permitted from elective deferral accounts. All hardships withdrawals must comply with specific rules relating to hardships, which are uniformly applicable to all participants.

### Notes Receivable from Participants

Participants may borrow an amount up to the lesser of 50% of the amount of the salary reduction contributions balance or $50,000. The loan amount cannot exceed the maximum amount imposed by the IRC. A participant may borrow a minimum of $1,000. Loans are repayable over not more than five years, except in the case of a loan for the purchase of a primary residence. All loans must bear interest at a reasonable interest rate and commensurate with the current commercial rates charged in similar loans by persons in the business of lending money. Loans bear interest at rates ranging from 4.60% to 5.85% at December 31, 2023. Notes mature at various times through November 2028.

### Vesting

Participants are immediately vested in their contributions plus actual earnings/losses thereon. Vesting in the Organization's contribution portion of participant accounts is based on years of continuous service and participants are 100% vested after three years of service.

### Forfeitures

The non-vested portion of terminated participant account balances is subject to forfeiture. The balance of the forfeiture account is applied to reduce the Organization's contribution to the Plan. Forfeitures of $12,230 and $18,260 were applied to reduce the Organization's contribution to the Plan for the years ended December 31, 2023 and 2022, respectively. There were no unused forfeitures at December 31, 2023 and 2022.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The accompanying financial statements of the Plan are prepared in accordance with accounting principles generally accepted (GAAP) in the United States of America.

### Recently Adopted Accounting Guidance

Accounting Standard Codification (ASC) Topic 326 Financial Instruments – Credit Losses requires certain financial assets to be measured at amortized cost net of an allowance for estimated credit losses. This standard replaced the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss ("CECL") methodology. The estimated credit loss is required to be based on historical information, current conditions, and forecasts that could impact the collectability of the amounts. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing an entity's exposure to credit risk and the measurement of credit losses.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Recently Adopted Accounting Guidance (Continued)

Effective January 1, 2023, the Plan adopted ASC 326 using the modified retrospective approach for all financial assets measured at amortized cost. The new accounting pronouncement did not have a material impact on the financial statements. Results for reporting periods beginning after January 1, 2023 are presented under CECL while prior period amounts continue to be reported and disclosed in accordance with previously applicable accounting standards.

### Investments

Investments, except for fully benefit responsive investment contracts, 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. Investments in fully benefit responsive investment contracts are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Purchases and sales of securities are reflected on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. All investments are participant directed.

### General Account Funds

The Plan invests in the Interest Accumulation Account, which is part of Mutual of America's general account. The amount in the Interest Accumulation Account at any time will be equal to the sum of all amounts that have been allocated to such account, including interest credited to the account, less the sum of all amounts that have been withdrawn from such account. Participants' principal and previously credited interest are guaranteed. Mutual of America assumes the investment risk of the underlying investments of the Interest Accumulation Account. This guarantee is subject to Mutual of America's financial strength and claims-paying ability. Mutual of America's general account investment strategy is to maintain high-quality assets with excellent liquidity, strong capital adequacy and a proper matching of assets and liabilities. The general account is credited with interest at a rate determined by Mutual of America from time to time, and Mutual of America reserves the right to change the interest rates applicable to amounts held in this account at their discretion, but not below the minimum guaranteed interest rate (3% for 2023 and 2022).

The Plan invests in a guaranteed interest account, which is part of Equitable's general account. The amount in the guaranteed interest account at any time will be equal to the sum of all amounts that have been allocated to such account, including interest credited to the account, less the sum of all amounts that have been withdrawn from such account. Participants' principal and previously credited interest are guaranteed. Equitable assumes the investment risk of the underlying investments of the guaranteed interest account. This guarantee is subject to Equitable's financial strength and claims-paying ability. Equitable's general account investment strategy is to provide principal safety. The general account is credited with interest at a rate determined by Equitable who reserves the right to change the interest rates applicable to amounts held in this account at their discretion, but not below the minimum guaranteed interest rate (1% for 2023 and 2022).

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents, including complete or partial Plan termination or merger with another plan or (2) bankruptcy of the Plan Sponsor. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

**Risks and Uncertainties**
The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is 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 participants' account balances and the amount reported in the financial statements.

**Payment of Benefits**
Benefit payments to participants are recorded when paid.

**Administrative Expenses**
Certain administrative costs of the Plan are paid by the Organization. All other expenses relating to participant transactions are deducted from those participant accounts as transactions occur.

**Notes Receivable from Participants**
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

**Allowance for Credit Losses**
The Plan records a receivable for the employee and employer contributions that are remitted to the Plan subsequent to the Plan's year end. The Plan recognizes an expected allowance for credit losses that is updated to reflect any changes in credit risk since the receivable was initially recorded. The estimated allowance for credit losses is based on historical, current, and expected future conditions. As no significant improvements or deteriorations are expected in the future economic conditions, management has determined that no allowance for credit losses is necessary for the year ended December 31, 2023.

**Estimates**
The preparation of financial statements in accordance with GAAP requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

## 3. INVESTMENT INFORMATION

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared by and certified to as to completeness and accuracy by Mutual of America and Equitable as of and for the years ended December 31:

| | 2023 | 2022 |
|---|---|---|
| Investments | $ 10,627,936 | $ 8,487,779 |
| Notes receivable from participants | $ 96,723 | $ 73,629 |
| Net appreciation (depreciation) in fair value of investments | $ 1,296,135 | $ (1,299,278) |
| Interest income | $ 21,488 | $ 5,244 |
| Interest income on notes receivable from participants | $ 133 | $ 244 |
| Schedule of Assets (Held at End of Year) | Schedule I | |

## 4. SEPARATE ACCOUNT FUNDS

The separate account funds are invested in domestic stocks, international stocks, and fixed securities, such as asset or mortgage-backed securities and corporate bonds, and in mutual funds that hold such investments. The net asset value of the separate account fund is not publicly quoted. The values of the underlying investments are used in determining the net asset value of the separate account fund. Underlying equity securities have observable quoted pricing inputs. Underlying fixed securities have observable pricing inputs, including quoted prices for similar assets in the active or non-active markets. Underlying mutual funds are valued at publicly quoted pricing inputs.

There are no restrictions in connection with the transfer among or withdrawal from any of the investment alternatives in the separate account, other than that excessively frequent transfers or redemptions might be rejected. Each underlying fund has reserved the right to reject any aggregate purchase of fund shares that it determines to be inconsistent with their fund's policies and procedures relating to market timing.

The separate account funds currently invest in underlying funds, which have different investment objectives, investments policies, and risks. The investment strategies of these funds will vary based on the participant's chosen risk preferences. The separate account funds do not have any unfunded commitments.

## 5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right, under the Plan document, 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 will become 100% vested in their accounts.

## 6. TAX STATUS

The Plan is exempt from federal income tax under Section 403(b) of the IRC. The Plan is required to operate in conformity with the Internal Revenue Code to maintain its tax-exempt status for Plan participants. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements. For benefit plans, their qualified status itself is deemed to be an uncertainty, since events could potentially occur to jeopardize their qualified status.

## 7. RECONCILIATION TO FORM 5500

The classification of changes in net assets available for benefits for the periods ended December 31, 2023 and 2022 differs between these financial statements and Form 5500. However, the total change in net assets available for benefits for the periods then ended agrees between these financial statements and Form 5500.

## 8. PARTY-IN-INTEREST TRANSACTIONS

Mutual of America and Equitable are the custodians of the Plan's assets. As such, transactions between Mutual of America, Equitable and the Plan qualify as party-in-interest transactions. Additionally, notes receivable from participants are party-in-interest transactions.

## 9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 8, 2024, which is the date the financial statements were available to be issued.

Schedule I

# 403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.

**EMPLOYER IDENTIFICATION NUMBER 16-0835172**
**PLAN NUMBER 004**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2023**

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost** | (e) Current Value |
|---|---|---|---|---|
| | 1290 VT SMARTBETA Equity ESG | Separate account funds | | $ 7 |
| | American Century Inv. VP Capital App. | Separate account funds | | 84,056 |
| | American Funds Insurance New World | Separate account funds | | 11,573 |
| * | AXA Aggressive Allocation | Separate account funds | | 51,835 |
| * | AXA CONSERV Allocation | Separate account funds | | 4,329 |
| * | AXA CONSERV-Plus Allocation | Separate account funds | | 25,153 |
| * | AXA GLB EQTY Managed VOL | Separate account funds | | 7,080 |
| * | AXA INT Core Managed VOL | Separate account funds | | 4,794 |
| * | AXA INT VAL Managed VOL | Separate account funds | | 6,015 |
| * | AXA LG CAP GRW Managed VOL | Separate account funds | | 14,723 |
| * | AXA LG CAP VAL Managed VOL | Separate account funds | | 12,732 |
| * | AXA MID CAP VAL Managed VOL | Separate account funds | | 4,377 |
| * | AXA Moderate Allocation | Separate account funds | | 75,641 |
| * | AXA Moderate-Plus Allocation | Separate account funds | | 167,661 |
| * | AXA/AB Small Cap Growth | Separate account funds | | 3,535 |
| | Calvert VP SRI Balanced Portfolio | Separate account funds | | 31,880 |
| | Delaware IVY VIP H IGH Income | Separate account funds | | 6,905 |
| | Delaware VIP Small Cap Vaue Series | Separate account funds | | 2,047 |
| | DWS Capital Growth VIP | Separate account funds | | 59,753 |
| * | EQ/American Centry MID CAP VAL | Separate account funds | | 3,926 |
| * | EQ/Calvert Socially RESP | Separate account funds | | 51,181 |
| * | EQ/Clearbridge LG CAP GRWT ESG | Separate account funds | | 8,856 |
| * | EQ/COM Stick Index | Separate account funds | | 13,941 |
| * | EQ/Core Bond Index | Separate account funds | | 19,275 |
| * | EQ/Equity 500 Index | Separate account funds | | 69,211 |
| * | EQ/Fidelity INSTNL AM LRG CAP | Separate account funds | | 1,201 |
| * | EQ/GAMCO Small Company Value | Separate account funds | | 4,429 |
| * | EQ/High Yield Bond | Separate account funds | | 6,363 |
| * | EQ/Intermidate Government BND | Separate account funds | | 460 |
| * | EQ/International Equity Index | Separate account funds | | 16,784 |
| * | EQ/Invesco Comstock | Separate account funds | | 13 |
| * | EQ/Invesco Global Real Estate | Separate account funds | | 9,883 |
| * | EQ/JPMorgan Growth Stock | Separate account funds | | 1,259 |
| * | EQ/Large CAP Growth Index | Separate account funds | | 11,533 |
| * | EQ/Large CAP Value Index | Separate account funds | | 525 |
| * | EQ/Lazard Emerging MRKTS EQTY | Separate account funds | | 561 |

(Continued)

Schedule I

## 403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.

**EMPLOYER IDENTIFICATION NUMBER 16-0835172**
**PLAN NUMBER 004**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2023**

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost** | (e) Current Value |
|---|---|---|---|---|
| | **Separate Account Funds (Continued):** | | | |
| * | EQ/MFS International Value | Separate account funds | | 704 |
| * | EQ/MID CAP Index | Separate account funds | | 15,283 |
| * | EQ/Money Market | Separate account funds | | 356 |
| * | EQ/Morgan Stanley MID CAP GR | Separate account funds | | 6,424 |
| * | EQ/Oppenheimer Global | Separate account funds | | 32 |
| * | EQ/Quality Bond Plus | Separate account funds | | 2,704 |
| * | EQ/Small Company Index | Separate account funds | | 16,485 |
| * | EQ/Wellington Energy | Separate account funds | | 27 |
| * | EQ/Blackrock Basic Value EQTY | Separate account funds | | 5,715 |
| | Fidelity VIP Asset Manager Portfolio | Separate account funds | | 853,932 |
| | Fidelity VIP Contrafund Portfolio | Separate account funds | | 188,479 |
| | Fidelity VIP Equity-Income Portfolio | Separate account funds | | 21,514 |
| | Fidelity VIP Mid Cap | Separate account funds | | 1,275 |
| | Fidelity VIP Mid Cap Portfolio | Separate account funds | | 60,370 |
| | Goldman Sachs VIT Small Cap Eq Ins | Separate account funds | | 527 |
| | Goldman Sachs VIT US Equity Ins | Separate account funds | | 776 |
| | Invesco V.I Main Street Fund | Separate account funds | | 54,851 |
| | Invesco V.I. High Yield | Separate account funds | | 484 |
| * | MOA Aggressive Allocation Fund | Separate account funds | | 336,362 |
| * | MOA Balanced Fund | Separate account funds | | 706,118 |
| * | MOA Clear Passage 2020 Fund | Separate account funds | | 137,740 |
| * | MOA Clear Passage 2025 Fund | Separate account funds | | 155,706 |
| * | MOA Clear Passage 2030 Fund | Separate account funds | | 715,064 |
| * | MOA Clear Passage 2035 Fund | Separate account funds | | 460,688 |
| * | MOA Clear Passage 2040 Fund | Separate account funds | | 286,051 |
| * | MOA Clear Passage 2045 Fund | Separate account funds | | 736,002 |
| * | MOA Clear Passage 2050 Fund | Separate account funds | | 549,071 |
| * | MOA Clear Passage 2055 Fund | Separate account funds | | 337,419 |
| * | MOA Clear Passage 2060 Fund | Separate account funds | | 308,803 |
| * | MOA Clear Passage 2065 Fund | Separate account funds | | 142,683 |
| * | MOA Conservative Allocation Fund | Separate account funds | | 337,127 |
| * | MOA Core Bond Fund | Separate account funds | | 281,530 |
| * | MOA Equity Index Fund | Separate account funds | | 323,423 |
| * | MOA Intermediate Bond Fund | Separate account funds | | 6,650 |
| * | MOA International Fund | Separate account funds | | 1,297 |
| * | MOA Mid Cap Equity Index Fund | Separate account funds | | 185,743 |

(Continued)

Schedule I

# 403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.

**EMPLOYER IDENTIFICATION NUMBER 16-0835172**
**PLAN NUMBER 004**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2023**

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost** | (e) Current Value |
|---|---|---|---|---|
| | **Separate Account Funds (Continued):** | | | |
| * | MOA Mid Cap Value Fund | Separate account funds | | 13,899 |
| * | MOA Moderate Allocation Fund | Separate account funds | | 700,995 |
| * | MOA Money Market Fund | Separate account funds | | 156,470 |
| * | MOA Retirement Income Fund | Separate account funds | | 66,970 |
| * | MOA Small Cap Equity Index Fund | Separate account funds | | 1,426 |
| * | MOA Small Cap Growth Fund | Separate account funds | | 28,983 |
| * | MOA Small Cap Value Fund | Separate account funds | | 20,123 |
| | Multimanager Aggressive Equity | Separate account funds | | 472 |
| | Multimanager Core Bond | Separate account funds | | 3,405 |
| | Multimanager Technology | Separate account funds | | 1,355 |
| | PIMPCO VIT Real Return Portfolio | Separate account funds | | 2,834 |
| | T. Rowe Price Blue Chip Growth Portfolio | Separate account funds | | 145,302 |
| | Templton Global Bond VIP | Separate account funds | | 424 |
| | Vanguard VIF Diversified Value Portfolio | Separate account funds | | 68,420 |
| | Vanguard VIF International Portfolio | Separate account funds | | 104,418 |
| | Vanguard VIF Real Estate Index Portfolio | Separate account funds | | 11,180 |
| | Vanguard VIF Total Bond Market Index | Separate account funds | | 3,164 |
| | | | | 9,360,752 |
| | **Guaranteed Investment Contracts:** | | | |
| * | AXA Guaranteed Investment Contract | General account fund | | 105,955 |
| * | Mutual of America Interest Accumulation Account | General account fund | | 1,161,229 |
| | | | | 1,267,184 |
| | | | | $ 10,627,936 |
| | **Notes Receivable From Participants:** | | | |
| * | Participant Loans | Interest from 4.60% to 5.85%, various monthly payments thru November 2028 | | $ 96,723 |

* Denotes party-in-interest
** Costs have been eliminated as participant directed.

The accompanying notes are an integral part of this schedule.

Bonadio & Co., LLP
Certified Public Accountants

October 8, 2024

To the Plan Administrator and Board of Directors of
403(b) Thrift Plan of The Handicapped Children's Association of
Southern New York, Inc.:

We have completed an Employee Retirement Income Security Act of 1974 (ERISA) Section 103(a)(3)(C) audit, pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, of the financial statements of 403(b) Thrift Plan of The Handicapped Children's Association of Southern New York, Inc. (the Plan) as of and for the year ended December 31, 2023, and have issued our report thereon dated October 8, 2024. This letter presents communications required by our professional standards.

**Our Responsibility under Auditing Standards Generally Accepted in the United States of America**

As communicated in our engagement letter dated Insert engagement letter date, our responsibility, as described by professional standards, is to conduct our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). As permitted by 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, our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America. Other than for the certified investment information, the financial statements and supplemental schedule were audited by us in accordance with GAAS and were subjected to tests of your accounting records and other procedures as we considered necessary to enable us to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Our audit of the financial statements does not relieve you or management of its respective responsibilities.

**Other Information in Documents Containing Audited Financial Statements**

We are not aware of any documents prepared by management, other than the Form 5500 filing, which contain our reports on the audited financial statements of the Plan. Our responsibility for this information does not extend beyond the financial information identified in the report. We do not have an obligation to perform any procedures to corroborate other information contained in the Form 5500. We have read the Form 5500 to corroborate the financial information. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of information appearing in the financial statements.

**Planned Scope and Timing of the Audit**

We performed the audit according to the planned scope and timing previously communicated to you in our engagement letter dated December 6, 2023.

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**Qualitative Aspect of Accounting Policies**
Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. As described in Note 2 in the financial statements, the Plan changed accounting policies related to credit losses by adopting FASB ASC 326, Financial Instruments – Credit Losses, in 2023. The accounting change did not have an impact on the financial statements.

We noted no transactions entered into by the Plan during the year that were both significant and unusual, and of which, under professional standards, we are required to inform you, or transactions for which there is a lack of authoritative guidance or consensus. In addition, we did not identify any significant findings or issues during the audit in connection with the Plan's related parties.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

Management's estimate of the fair value of the Plan's investments is based on quoted market prices. We evaluated the key factors and assumptions management used to develop the fair value estimates pertaining to those investments and determined that such estimates and assumptions are reasonable.

The disclosures in the financial statements are neutral, consistent, and clear.

**Difficulties Encountered in Performing the Audit**
We encountered no significant difficulties in dealing with management in performing and completing our audit.

**Significant Unusual Transactions Identified During the Audit**
We identified no significant unusual transactions during the audit.

**Difficult, Contentious or Other Matters Encountered During the Audit**
We encountered no difficult, contentious, or other matters for which we consulted outside the engagement team that were, in our professional judgment, significant and relevant to those charged with governance regarding the responsibility to oversee the financial reporting process.

**Corrected and Uncorrected Misstatements**
Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. There were no corrected misstatements.

**Disagreements with Management**
For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter that could be significant to the financial statements or the auditors' report. We are pleased to report no such disagreements arose over the course of the audit.

**Circumstance Affecting the Form and Content of the Auditor's Report**
We encountered no circumstances that affect the form and content of the auditor's report.

**Consultations with Other Independent Accountants**
In some cases, management may decide to consult with other accountants about auditing and accounting matters. If a consultation involves application of an accounting principle to the Plan's financial statements, or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

**Management Representations**
We have requested certain representations from management that are included in the management representation letter. This letter has been provided to you.

**Independence**
We are not aware of any relationships between Bonadio & Co., LLP and the Plan that, in our professional judgment, may reasonably be thought to bear on our independence. Relating to our audit of the financial statements of the Plan as of and for the year ended December 31, 2023, Bonadio & Co., LLP hereby confirms in accordance with the Code of Professional Conduct issued by the American Institute of Certified Public Accountants, that we, in our professional judgment, are independent with respect to the Plan.

During the year ended December 31, 2023, Bonadio & Co., LLP prepared of the Plan's financial statements. We also provided preparation of financial statements and information returns, depreciation calculations, and lease calculations to the Plan Sponsor.

In performing our audit, in accordance with GAAS, we are responsible for obtaining and reading the draft Form 5500 in order to identify material inconsistencies, if any, with the audited ERISA plan financial statements. During our audit we obtained and read the draft Form 5500 from management and did not identify any material inconsistencies.

**Other Audit Findings or Issues**
We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention. We have other matters that we wanted to communicate to you regarding the operation of the Plan. Those items are included in the attached Management Recommendations.

This information is intended solely for the use of the Plan Administrator, Board of Directors, and management of the Plan and is not intended to be and should not be used by anyone other than these specified parties.

Bonadio & Co., LLP

**Attachment to January 2023 Form 5500**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**Plan Name: 403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN S ASSOCIATION OF SOUTHERN NEW YORK, INC.**
**EIN: 15-0516395**
**Plan Number: 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)Closing Value |
|---|---|---|---|---|
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>American Century Investments VP Capital Appreciation Fund | | 84,056 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>American Funds Insurance Series New World Fund | | 11,573 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Calvert VP SRI Balanced Portfolio | | 31,880 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Delaware VIP Small Cap Value Series | | 2,047 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>DWS Capital Growth VIP | | 59,753 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Asset Manager Portfolio | | 853,932 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Contrafund Portfolio | | 188,479 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Equity-Income Portfolio | | 21,514 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Mid Cap Portfolio | | 60,370 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Invesco V.I. Main Street Fund | | 54,851 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Aggressive Allocation Fund | | 336,362 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Balanced Fund | | 706,118 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2015 Fund | | 0 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2020 Fund | | 137,740 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2025 Fund | | 155,706 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2030 Fund | | 715,064 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2035 Fund | | 460,688 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2040 Fund | | 286,051 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2045 Fund | | 736,002 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2050 Fund | | 549,071 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2055 Fund | | 337,419 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2060 Fund | | 308,803 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2065 Fund | | 142,683 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Conservative Allocation Fund | | 337,127 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Core Bond Fund | | 281,530 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Equity Index Fund | | 323,423 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Intermediate Bond Fund | | 6,650 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA International Fund | | 1,297 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Mid Cap Equity Index Fund | | 185,743 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Mid Cap Value Fund | | 13,899 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Moderate Allocation Fund | | 700,995 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Money Market Fund | | 156,470 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Retirement Income Fund | | 66,970 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Small Cap Equity Index Fund | | 1,426 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Small Cap Growth Fund | | 28,983 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Small Cap Value Fund | | 20,123 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Mutual of America Interest Accumulation Account | | 1,257,001 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>PIMCO VIT Real Return Portfolio | | 2,834 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>T. Rowe Price Blue Chip Growth Portfolio | | 145,302 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF Diversified Value Portfolio | | 68,420 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF International Portfolio | | 104,418 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF Real Estate Index Portfolio | | 11,180 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF Total Bond Market Index Portfolio | | 3,165 |