

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 04/01/1978
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) UNITED CEREBRAL PALSY OF NEW YORK, INC. 80 MAIDEN LANE FL 8 NEW YORK, NY 10038
2b	Employer Identification Number (EIN) 13-5654532
2c	Plan Sponsor's telephone number 212-683-6700
2d	Business code (see instructions) 624100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	MICHAEL CUTRONA
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2192
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2015 6a(2) 2152 6b 32 6c 299 6d 2483 6e 0 6f 2483 6g(1) 898 6g(2) 1025 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2G 2F 3D 2J 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	003
TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UNITED CEREBRAL PALSY OF NEW YORK, INC.	13-5654532	

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

(a) Name of insurance carrier					
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 60712		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	0

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
VOYA FINANCIAL ADVISORS INC
909 LOCUST ST
DES MOINES, IA 50309

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			1

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	5925005
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2597168

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year**7b**

8225645

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

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

201645

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

7c(4)

(5) Other (specify below)

7c(5)

17901

▶ **LOAN INTEREST**

(6) Total additions.....

7c(6)

219546

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

8445191

e Deductions:

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

7e(1)

68130

(2) Administration charge made by carrier

7e(2)

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

7e(3)

2452056

(4) Other (specify below)

7e(4)

(5) Total deductions.....

7e(5)

2520186

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

5925005

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		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 TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CEREBRAL PALSY OF NEW YORK, INC.	D Employer Identification Number (EIN) 13-5654532	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DODGE AND COX	555 CALIFORNIA STREET 40TH FLOOR SAN FRANCISCO, CA 94104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKROCK ADVISORS	100 BELLEVUE PARKWAY WILMINGTON, DE 19809

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

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

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

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 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

MID ATLANTIC TRUST COMPANY

1251 WATERFRONT PLACE STE 525
PITTSBURGH, PA 15222

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

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

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

MUTUAL OF AMERICA SEC. CORP LLC

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 49 57	RECORDKEEPER	60884	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 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 TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK				B Three-digit plan number (PN) ▶ 003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNITED CEREBRAL PALSY OF NEW YORK, INC.				D Employer Identification Number (EIN) 13-5654532	
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 2					
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE COMPANY					
c EIN-PN 13-1614399-000		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2597168		
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)		
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-		

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		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 TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CEREBRAL PALSY OF NEW YORK, INC.		
D Employer Identification Number (EIN) 13-5654532		

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	333987	301070
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	21976700	39189769
(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)	7066035	7129777
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8225645	6340248
(15) Other	1c(15)	0	1437554

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	37602367	54398418
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	37602367	54398418

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)	0	
(B) Participants	2a(1)(B)	2332808	
(C) Others (including rollovers)	2a(1)(C)	331853	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2664661
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)	17929	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17929
(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)	1640181	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1640181
(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)		
(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)		

		(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)		475639
(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)		3027813
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		7826223

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2926178	
(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)		2926178
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)	125755	
(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)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		125755
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3051933

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4774290
l Transfers of assets:			
(1) To this plan	2l(1)		12021761
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 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 TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CEREBRAL PALSY OF NEW YORK, INC.		D Employer Identification Number (EIN) 13-5654532
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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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
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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 <u>03 / 31 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J300873A</u> .	

**TAX DEFERRED ANNUITY PLAN OF
ADAPT COMMUNITY NETWORK**

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

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

October 15, 2024

To the Plan Administrator of the
Tax Deferred Annuity Plan of ADAPT Community Network:

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

We have performed audits of the accompanying financial statements of the Tax Deferred Annuity Plan of ADAPT Community Network (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— modified cash basis as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits—modified cash basis 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 Tax Deferred Annuity Plan of ADAPT Community Network'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 the modified cash basis of accounting.
- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

(Continued)

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 Tax Deferred Annuity Plan of ADAPT Community Network 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

(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 Tax Deferred Annuity Plan of ADAPT Community Network'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 Tax Deferred Annuity Plan of ADAPT Community Network'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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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 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 its form and content, is 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, is 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 institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Bonadio & Co., LLP

TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS, at fair value:		
Pooled separate accounts	\$ 39,189,769	\$ 21,976,700
Mutual funds	7,129,777	7,066,035
Fixed accounts	<u>1,437,554</u>	<u>-</u>
Total investments at fair value	47,757,100	29,042,735
 FULLY BENEFIT RESPONSIVE GUARANTEED		
INTEREST ACCOUNTS, at contract value:	<u>6,340,248</u>	<u>8,225,645</u>
 Total investments	<u>54,097,348</u>	<u>37,268,380</u>
 RECEIVABLES:		
Notes receivable from participants	<u>301,070</u>	<u>333,987</u>
 NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 54,398,418</u>	<u>\$ 37,602,367</u>

The accompanying notes are an integral part of these statements.

TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS:		
Investment income (loss):		
Interest and dividends	\$ 1,640,181	\$ 948,910
Net appreciation (depreciation) of investments	<u>3,503,452</u>	<u>(7,152,643)</u>
Total investment income (loss)	<u>5,143,633</u>	<u>(6,203,733)</u>
Interest on notes receivable from participants	<u>17,929</u>	<u>10,824</u>
Contributions:		
Participant contributions	2,332,808	1,959,544
Rollovers into plan	<u>331,853</u>	<u>5,551</u>
Total contributions	<u>2,664,661</u>	<u>1,965,095</u>
Total additions	<u>7,826,223</u>	<u>(4,227,814)</u>
DEDUCTIONS:		
Benefits paid to participants	2,926,178	2,258,538
Administrative expenses	<u>125,755</u>	<u>13,298</u>
Total deductions	<u>3,051,933</u>	<u>2,271,836</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	4,774,290	(6,499,650)
TRANSFER OF ASSETS	12,021,761	-
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>37,602,367</u>	<u>44,102,017</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 54,398,418</u>	<u>\$ 37,602,367</u>

The accompanying notes are an integral part of these statements.

TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK

NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS DECEMBER 31, 2023 AND 2022

1. DESCRIPTION OF PLAN

The following brief description of Tax Deferred Annuity Plan of ADAPT Community Network (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General and Eligibility

The Plan is an employee salary reduction contribution plan covering all eligible employees of ADAPT Community Network (formerly United Cerebral Palsy of New York City, Inc.) (the "Agency" and "Plan Administrator"). The Plan also covers former employees of New York League for Early Learning, Inc. ("NYL") who became employees of the Agency on April 1, 2019 and became eligible to participate in the Plan on that date. Employees may contribute to the Plan immediately following employment at the Agency. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Board of Directors of the Agency, sole member of NYL, voted in December 2023 to merge the remaining assets of the NYL 403(b) Plan into the Tax Deferred Annuity Plan of ADAPT Community Network as of December 31, 2023. As a result, ownership of all investments in the NYL 403(b) Plan was transferred into the Tax Deferred Annuity Plan of ADAPT Community Network Plan as of December 31, 2023.

Empower Retirement, LLC ("Empower") was the recordkeeper of the Plan's assets from January 2022 through October 2022. Empower was also an authorized agent of Reliance Trust Company (Reliance), a third-party administrator of the Plan. In October of 2022, the recordkeeping responsibilities were transitions from Empower to Mutual of America, and a majority of custodial assets were transferred from Empower to Mid Atlantic Trust Company (Mid Atlantic). Nationwide Life Insurance Company (Nationwide) is a custodian and recordkeeper of assets transferred from the NYL 403(b) Plan as of December 31, 2023.

Employee Contributions

Each year, participants may contribute a portion of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings (losses) thereon.

Participant Accounts

Each participant's account is credited with the participant's contributions and investment earnings (losses). Participants are charged with an allocation of administrative expenses that are paid by the Plan. The amount of income a participant's account earns is contingent upon the nature of the investments elected. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (Continued)

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive benefit in the form of a single life annuity, a qualified joint and survivor annuity, or a minimum distribution option. At retirement, the total value of the individual account, including interest and earnings, will be available for pension benefits. Participants attaining the age of 59-1/2 may withdraw the total balance of their account. Hardship withdrawals from the Plan are permitted from all participant accounts. All hardship withdrawals must comply with specific rules relating to hardships, which are uniformly applicable to all participants.

Death Benefits

The Plan provides a death benefit prior to normal retirement equal to 100 percent of the participant's account, or annual installments over the life or over a period not greater than the life expectancy of the beneficiary.

Termination

Participants, who terminate employment with the Agency other than by reason of retirement, death, or disability are entitled to the vested balances of their accounts. Such amounts may be paid in a lump-sum or remain invested with the Plan.

Plan Loans

Participants may borrow a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50 percent of their account balances. Each loan must be repaid within a period not to exceed five years, unless the loan is for the purchase of a principal residence, in which case, the loan period may not exceed ten years. The loans from Mutual of America are issued directly from funds owned by the Plan trustee and are collateralized by the balances in the participants' accounts. Such loans bear a fixed rate of interest determined at the time the loan is issued. Payments are made by the participants directly to Mutual of America. These loans bear interest ranging from 4.25 percent to 9 percent as of December 31, 2023 and 2022. As of December 31, 2023 and 2022, approximately \$14,300 and \$15,300, respectively, of Plan loans were outstanding from Mutual of America and were excluded from these financial statements.

Notes Receivable from Participants

Plan participants may borrow from their fund accounts, a minimum loan amount of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balances. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25 percent to 9.50 percent as of December 31, 2023 and 2022. All loans must be repaid within five years (unless it is used to purchase their primary residence). Payments are made by the participants directly to Mutual of America. Loans are subject to a set of rules established by law.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. As such, certain assets and the related additions to net assets available for benefits and certain liabilities and the related deductions from net assets available for benefits may not be recognized until cash is received or paid. The primary effects of the use of the modified cash basis of accounting on the financial statements are that deemed distributions are not recognized until cash is paid. Accordingly, the financial statements are not intended to be presented in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Fully Benefit Responsive Guaranteed Interest Accounts

Mutual of America General Account Fund

All amounts allocated to the Interest Accumulation Account become 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. The crediting rate determined by Mutual of America was 1.00% as of December 31, 2023 and 2022.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fully Benefit Responsive Guaranteed Interest Accounts (Continued)

Mutual of America General Account Fund (Continued)

Requests for withdrawal (subject to Plan provisions) can be made at any time and are processed on the day that they are received; they are not dependent on Mutual of America having to liquidate securities in order to generate a payment. The contract value is the redeemable value of the fund; there are no deferred sales charges, load assessments, interest rate adjustments, or surrender charges that would affect the value as a result of a withdrawal request. The amounts held in the general account are considered fully benefit responsive.

Empower Annuity Insurance Company General Investment Account

Empower Annuity Insurance Company General Investment Account investment option for defined contribution plans is a guaranteed interest account (GIA) provided through a group annuity contract. Under the terms of the contract, a crediting rate is established for amounts invested in the GIA and participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their account balance at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees. Contract value is also often referred to as "Book Value." Empower considers this investment option to be fully benefit responsive notwithstanding the Contract provisions that limit the ability of the plan to transact at contract value when a market value event occurs.

During the recordkeeper and custodian change from Empower to Mutual of America in October 2022, all assets held by Empower were transferred to Mutual of America except for the GIA funds mentioned above. These funds were held back from the transfer and currently held by Empower. Empower will release these funds in pieces over five years through 2027, making transfers towards the end of each plan year.

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 amounts reported in the statements of net assets available for benefits – modified cash basis.

Notes Receivable from Participants

Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded when received. Related fees are recorded as administrative expenses and are expensed when they are paid. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2023 and 2022.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Agency. Expenses that are paid by the Agency are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of investments.

3. CERTIFIED INVESTMENT INFORMATION

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodians have certified that the following data included in the financial statements and supplemental schedule is complete and accurate as of and for the years ended December 31, 2023 and 2022. Reliance provided a certification as of October 22, 2022 and for the period from January 1, 2022 through October 28, 2022. Empower provided a certification as of December 31, 2022 and 2023 and for the period from October 1, 2022 through December 31, 2023. Mutual of America provided a certification as of and for the years ended December 31, 2023 and 2022. Mid Atlantic provided a certification as of December 31, 2023 and 2022 and for the period from October 1, 2022 through December 31, 2023. Nationwide provided a certification as of December 31, 2023.

	<u>2023</u>	<u>2022</u>
Investments, at fair value	<u>\$ 47,526,374</u>	<u>\$ 29,042,735</u>
Investments, at contract value	<u>\$ 6,340,248</u>	<u>\$ 8,225,645</u>
Interest and dividends	<u>\$ 1,640,181</u>	<u>\$ 948,910</u>
Net appreciation (depreciation) of investments	<u>\$ 3,503,452</u>	<u>\$ (7,152,643)</u>
Schedule of Assets (Held at End of Year) – Schedule I		

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used as of December 31, 2023 and 2022:

4. FAIR VALUE MEASUREMENTS (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1).

Fixed accounts - The Nationwide Fixed Accounts are carried at book value plus a market value adjustment less a contingent deferred sales charge, when applicable (none at December 31, 2023). All unobservable inputs for Level 3 assets are developed by Nationwide (Level 3).

Investments Measured using the Net Asset Value per Share Practical Expedient

The Plan has financial instruments which are recorded at fair value in the accompanying statements of net assets available for benefits.

Pooled separate accounts: Valued using net asset value ("NAV") as a practical expedient to estimate fair value where NAV is based on the value of the underlying investment assets held through sub-accounts of a separate account of an insurance company. This practical expedient is not used when it is determined to be probable that the account will sell the investment for an amount different than the reported NAV. There are currently no redemption restrictions or unfunded commitments on these investments. The pooled separate accounts are privately managed through investment companies and are not publicly quoted. Pooled separate accounts are comprised primarily of shares of registered investment companies.

The following tables set forth by the input level, within the fair value hierarchy, the Plan's assets at fair value as of:

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,129,777	\$ -	\$ -	\$ 7,129,777
Fixed accounts	-	-	1,437,554	1,437,554
Total	<u>\$ 7,129,777</u>	<u>\$ -</u>	<u>\$ 1,437,554</u>	8,567,331
Investments measured at net asset value as a practical expedient				<u>38,959,043</u>
Investments, at fair value				<u>\$ 47,526,374</u>

4. FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,066,035	\$ -	\$ -	\$ 7,066,035
Investments measured at net asset value as a practical expedient				21,976,700
Investments, at fair value				\$ 29,042,735

In accordance with ASC 820, pooled separate accounts that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of assets available for benefits.

Quantitative Information about Level 3 Fair Value Measurements:

Fair Value at December 31, 2023	Valuation Technique	Unobservable Inputs	Interest Rate	Weighted Average
\$ 1,437,554	Underlying Contract Terms	Current Yield	3.00%	3.00%

The Nationwide fixed accounts were transferred to the Plan from the NYL 403(b) Plan on December 31, 2023. Therefore, there were no changes in the Level 3 asset amounts during the years ended December 31, 2023 or 2022.

5. PARTY-IN-INTEREST TRANSACTIONS

Transactions between Mutual of America, Nationwide, Reliance, Empower, Mid Atlantic, and the Plan qualify as party-in-interest transactions since those organizations also provide custodial and recordkeeping services to the Plan.

In addition, the plan allows participants to receive loans under specific circumstances. As such, transactions between the participants that have loans and the Plan qualify as party-in-interest transactions.

6. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts disclosed in Note 2 is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code ("IRC") or the failure of the trust to be tax-exempt under Section 501(a) of the IRC.
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract.

Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

There are no reserves against contract values for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a contractually guaranteed interest rate that may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

Generally, there are no events that could limit the ability of the Plan to transact at contract value. The contracts do not permit the insurance companies to terminate the agreements prior to the scheduled maturity dates. At December 31, 2023 and 2022, there are no unfunded commitments and investments are redeemed on a daily basis.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Agency has the right to terminate the Plan, in whole or in part, at any time subject to the provisions set forth by ERISA. In the event of plan termination, participants remain 100% vested in their balances and all plan assets must be distributed to participants and beneficiaries as soon as administratively practicable after termination of the Plan.

8. TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. A prototype document was used by the Plan to obtain its latest determination letter on November 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. PLAN TRANSFER

Effective April 1, 2019, all employees of NYL became employees of the Agency and all contributions into the NYL 403(b) Plan ceased. During 2020, participant balances in the NYL 403(b) Plan held with MassMutual were transferred from the NYL 403(b) Plan into this Plan. As of December 31, 2023, all remaining participant balances and custodial accounts in the NYL 403(b) Plan held with Mutual of America and Nationwide were transferred from the NYL 403(b) Plan and the NYL 403(b) plan was terminated. All participant elections effective immediately prior to the transfer under NYL 403(b) Plan continued to apply in the Plan until changed by the participant. Also, as a transfer, all accounts under the NYL 403(b) Plan carried over to the Plan retained their same character and treatment.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 15, 2024, which is the date the financial statements were available to be issued.

TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK

Schedule I

PLAN #003 EIN #13-5654532

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

(a)	(b)	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	** (d) Cost	(e) Current Value
FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACTS:				
*	Mutual of America Interest Accumulation Account	Guaranteed Interest Account		\$ 3,309,414
*	Mass Mutual	Guaranteed Interest Account		3,030,834
				<u>6,340,248</u>
MUTUAL FUNDS:				
	Calvert Bond Fund Class R6	Mutual Fund		3,575,367
	Dodge & Cox Stock Fund Class I	Mutual Fund		932,008
	MFS Mid Cap Value Fund Class R6	Mutual Fund		733,565
	Delaware Small Cap Value Fund Class R6	Mutual Fund		601,762
	Vanguard International Growth Fund Admiral Shares	Mutual Fund		568,500
	BlackRock Mid-Cap Growth Equity Portfolio Class K	Mutual Fund		338,683
	American Funds New World Fund Class R6	Mutual Fund		192,106
	Vanguard Real Estate Index Fund Admiral Shares	Mutual Fund		187,786
				<u>7,129,777</u>
POOLED SEPARATE ACCOUNTS:				
*	Mutual of America Equity Index Fund	Separate Account		3,914,154
*	Mutual of America 2030 Retirement Fund	Separate Account		3,560,818
	Vanguard Treasury Money Market Fund	Separate Account		3,202,001
*	Mutual of America 2025 Retirement Fund	Separate Account		2,603,743
	DWS Capital Growth Fund Class R6	Separate Account		2,568,618
*	Mutual of America 2035 Retirement Fund	Separate Account		2,378,041
*	Mutual of America 2045 Retirement Fund	Separate Account		1,984,226
*	Mutual of America 2040 Retirement Fund	Separate Account		1,981,302
*	Mutual of America 2020 Retirement Fund	Separate Account		1,507,474
	FIDVIP GR INITIAL - T.02.N	Separate Account		1,197,453
*	Mutual of America Mid-Cap Equity Index Fund	Separate Account		1,103,839
*	NW NVIT BNYMN DYNCUSCOR I - T.02.N	Separate Account		1,086,823
*	Mutual of America 2050 Retirement Fund	Separate Account		818,110
	Fidelity-« VIP Contrafund-« Portfolio	Separate Account		809,632
*	Mutual of America Small Cap Growth Fund	Separate Account		579,315
	FIDVIP EQ INC INITIAL - T.02.N	Separate Account		576,952
*	Mutual of America Small Cap Equity Index Fund	Separate Account		519,029
*	Mutual of America 2055 Retirement Fund	Separate Account		494,573
*	Mutual of America 2015 Retirement Fund	Separate Account		474,763
*	Mutual of America Retirement Income Fund	Separate Account		456,100
*	Mutual of America International Fund	Separate Account		416,236
	BNYMEL STK INDX INITIAL - T.02.N	Separate Account		386,868
*	NW NVIT ALLSPR DISC I - T.02.N	Separate Account		372,397
*	Mutual of America Aggressive Allocation Fund	Separate Account		340,127
	Calvert VP SRI Balanced Portfolio	Separate Account		328,524
*	Mutual of America Conservative Allocation Fund	Separate Account		308,324
	FIDVIP ASST MGR INITIAL - T.02.N	Separate Account		283,124
*	NW NVIT JCBSLVYLGCAPCOR I - T.02.N	Separate Account		271,124
	INVSCO VI GLBL I - T.02.N	Separate Account		219,384
*	Mutual of America Moderate Allocation Fund	Separate Account		215,532
	Vanguard VIF International Portfolio	Separate Account		213,225
	Fidelity-« VIP Mid Cap Portfolio	Separate Account		179,615
	Fidelity-« VIP Equity-Income Portfolio	Separate Account		176,957
*	NW NVIT REALEST I - T.02.N	Separate Account		159,689
	INVSCO VI DISC MDCAP GR I - T.02.N	Separate Account		149,021
*	Mutual of America All America Fund	Separate Account		145,938
*	NW NVIT JCBSLVY LGCAPGR I - T.02.N	Separate Account		143,062
	JNSHNDRSNVIT FRTY SVC - T.02.N	Separate Account		135,152
	LNCLNVPT JPM MDCAPVAL STD - T.02.N	Separate Account		133,431
*	NW NVIT GOV MNY MKT I - T.02.N	Separate Account		132,598
*	Mutual of America 2060 Retirement Fund	Separate Account		122,685
	FIDVIP HI INC INITIAL - T.02.N	Separate Account		119,816
*	NW NVIT BNYMN DYNCUSEQIN I - T.02.N	Separate Account		108,897
*	NW NVIT INTL EQ I - T.02.N	Separate Account		97,190
*	Mutual of America Small Cap Value Fund	Separate Account		96,405
	American Century Investments-« VP Capital Appreciation Fund	Separate Account		91,680
*	NW NVIT VIC MDCAPVAL II - T.02.N	Separate Account		91,167
*	NW NVIT NSPTNRS FOCs GR I - T.02.N	Separate Account		89,713
	T. Rowe Price Blue Chip Growth Portfolio	Separate Account		87,547
	BNYMEL SUSTNBL US EQ INITL - T.02.N	Separate Account		81,144
*	NW NVIT MDCAP INDX I - T.02.N	Separate Account		<u>79,775</u>
	Subtotal separate account			37,593,313

The accompanying notes are an integral part of this schedule.

TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK

Schedule I

PLAN #003 EIN #13-5654532

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

(a)	(b)	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	** (d) Cost	(e) Current Value
	Identity of Issue, Borrower, Lessor, or Similar Party			
	Balances carried forward			37,593,313
*	NW NVIT MULT MGRSMCAPVAL I - T.02.N	Separate Account		89,805
	BNYMEL INVMT SMCPTIND SVC - T.02.N	Separate Account		77,837
	FIDVIP OVRSEAS INITIAL - T.02.N	Separate Account		70,643
	Fidelity-« VIP Asset Manager Portfolio	Separate Account		68,371
	AMCENT VP DSCPLD CORVAL I - T.02.N	Separate Account		66,479
	Mid Atlantic Master Cash Account	Separate Account		65,916
	INVSCO VI CNSRV BAL I - T.02.N	Separate Account		64,897
*	Mutual of America Bond Fund	Separate Account		61,669
	BNYMEL VIF GR INC INITL - T.02.N	Separate Account		59,905
*	NW NVITAQRLGAPDEFNSTYLE I - T.02.N	Separate Account		57,917
*	NW NVIT BLUEPRINT CNSRV II - T.02.N	Separate Account		50,927
	FNKLNTVIPTFNKLSMCPVALVIP2 - T.02.N	Separate Account		50,189
*	Mutual of America Composite Fund	Separate Account		48,375
	AMCENT VP BAL I - T.02.N	Separate Account		47,285
	FIDVIP VAL STRAT SVC - T.02.N	Separate Account		46,975
	INVSCO VI MN ST SMCAP I - T.02.N	Separate Account		45,457
	FIDVIP MDCAP SVC - T.02.N	Separate Account		44,611
*	NW NVIT MULT MGR SM CO I - T.02.N	Separate Account		39,774
	JNSHNDRSNVITGLBLTECHINNSVC - T.02.N	Separate Account		31,587
	FIDVIP EQ INC INITIAL - T.01.N	Separate Account		28,444
	Vanguard VIF Diversified Value Portfolio	Separate Account		27,969
*	NW NVIT JCBSLVYLGAPCOR II - T.02.N	Separate Account		21,585
	AMCENT VP MDCAP VAL I - T.02.N	Separate Account		21,558
	FIDVIP GR INITIAL - T.01.N	Separate Account		21,367
*	NW NVIT AMUNDIMULTSCTRBD I - T.02.N	Separate Account		21,115
	Invesco V.I. Main Street Fund	Separate Account		19,996
*	NW NVIT GOVT BD I - T.02.N	Separate Account		17,372
*	Mutual of America Mid-Term Bond Fund	Separate Account		16,902
*	NW NVIT EMRG MKT I - T.02.N	Separate Account		16,807
	INVSCO VI COR PLS BD I - T.02.N	Separate Account		15,286
	VANECKVIP GLB RSRC INITIAL - T.02.N	Separate Account		14,709
*	NW NVIT INV DEST MOD II - T.02.N	Separate Account		14,234
	NEUBER AMT SUSTNBL EQ I - T.02.N	Separate Account		12,743
*	NW NVIT COL OVRSEAS VAL X - T.02.N	Separate Account		12,209
*	NW NVIT AMFDS GR II - T.28.N	Separate Account		12,013
	FIDVIP ASST MGR INITIAL - T.01.N	Separate Account		11,009
*	NW NVIT AMFDS GR II - T.02.N	Separate Account		10,934
	FIDVIP MDCAP SVC - T.28.N	Separate Account		10,868
*	Mutual of America 2065 Retirement Fund	Separate Account		9,950
*	NW NVIT INVSCO SMCAPGR I - T.02.N	Separate Account		9,758
	JNSHNDRSNVIT OVRSEAS SVC - T.02.N	Separate Account		9,312
*	NW NVIT INV DESTMODAGGR II - T.02.N	Separate Account		7,990
	FIDVIP INVMT GRD BD SVC - T.02.N	Separate Account		7,648
	FNKLNTVIPT FNKLN INC VIP 2 - T.02.N	Separate Account		7,284
	AMCENT VP INFL PRCTT II - T.02.N	Separate Account		7,004
	BNYMEL STK INDX INITIAL - T.28.N	Separate Account		5,779
*	Mutual of America Money Market Fund	Separate Account		5,604
	FNKLNTVIPT FNKLN INC VIP 2 - T.28.N	Separate Account		5,369
	Vanguard VIF Real Estate Index Portfolio	Separate Account		5,000
*	NW NVIT BNYMN DYNCUSEQIN X - T.02.N	Separate Account		4,867
*	NW NVIT AMFDS GLBL GR II - T.02.N	Separate Account		4,837
*	NW NVIT INV DEST AGGR II - T.02.N	Separate Account		4,447
	Vanguard Total Bond Market Index Adm	Separate Account		4,425
	VANECKVIP EMRG MKT BD I - T.02.N	Separate Account		4,056
*	NW NVIT BNYMN DYNCUSCOR I - T.01.N	Separate Account		3,666
*	NW NVIT REALEST I - T.01.N	Separate Account		3,639
	JNSHNDRSNVIT FRTY SVC - T.28.N	Separate Account		3,424
	INVSCO VI MN ST SMCAP I - T.28.N	Separate Account		3,228
	MFS VIT INTLINTRNSVAL SVC - T.02.N	Separate Account		3,018
	INVSCO VI DISC MDCAP GR I - T.06.N	Separate Account		3,016
	BNYMEL SUSTNBL US EQ INITL - T.01.N	Separate Account		2,978
	MACQ VIP MDCAP GR SVC - T.02.N	Separate Account		2,918
*	NW NVIT INV DEST CNSRV II - T.02.N	Separate Account		2,746
	MS VIF EMRG MKT DB I - T.02.N	Separate Account		2,736
	INVSCO VI CNSRV BAL I - T.01.N	Separate Account		2,731
	TROWEPR HLTH SCNC II - T.02.N	Separate Account		2,533
	FIDVIP HI INC INITIAL - T.01.N	Separate Account		2,503
	Subtotal separate account			39,151,518

The accompanying notes are an integral part of this schedule.

TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK

Schedule I

PLAN #003 EIN #13-5654532

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

(a)	(b)	(c)	**	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	Current Value
	Balances carried forward			39,151,518
	FIDVIP FREE 2030 SVC - T.02.N	Separate Account		2,170
	INVSCO VI DISC MDCAP GR II - T.02.N	Separate Account		2,020
	FIDVIP OVRSEAS INITIAL - T.06.N	Separate Account		1,999
*	NW NVIT EMRG MKT I - T.28.N	Separate Account		1,949
	VANECK VIP EMRGMKT INITIAL - T.02.N	Separate Account		1,829
*	NW NVIT MDCAP INDX I - T.01.N	Separate Account		1,793
*	NW NVIT ALLSPR DISC I - T.01.N	Separate Account		1,773
	FIDVIP HI INC INITIAL - T.06.N	Separate Account		1,693
	BNYMEL INVMT SMCPSTIND SVC - T.01.N	Separate Account		1,673
*	NW NVIT JCBSLVYLGAPCOR II - T.28.N	Separate Account		1,369
	NEUBER AMT SHRT DUR BD I - T.02.N	Separate Account		1,331
*	NW NVIT COL OVRSEAS VAL X - T.01.N	Separate Account		1,143
*	NW NVIT GOVT BD I - T.06.N	Separate Account		1,120
	INVSCO VI COR PLS BD I - T.06.N	Separate Account		1,078
	AMCENT VP MDCAP VAL I - T.28.N	Separate Account		1,071
	AMCENT VP BAL I - T.01.N	Separate Account		1,056
*	NW NVIT BLKRK EQ DIVD II - T.02.N	Separate Account		1,038
*	Mutual of America Mid Cap Value Fund	Separate Account		1,037
*	NW NVIT VIC MDCAPVAL II - T.28.N	Separate Account		1,022
	American Funds Insurance Series New World Fund	Separate Account		1,021
	FED HRMS IS QULTYBD II PRM - T.02.N	Separate Account		1,001
	FIDVIP ENRGY SVC 2 - T.02.N	Separate Account		970
	MFS VIT VAL SER SVC - T.02.N	Separate Account		888
	FIDVIP OVRSEAS INITIAL - T.01.N	Separate Account		652
	JNSHNDRSNVITGLBLTECHINNSVC - T.28.N	Separate Account		596
*	NW NVIT INVDESTMDCNSRV II - T.02.N	Separate Account		516
	FIDVIP GR INITIAL - T.28.N	Separate Account		440
	FIDVIP FREE 2020 SVC - T.02.N	Separate Account		371
*	NW NVIT BNYMN DYNCUSCOR I - T.28.N	Separate Account		366
	VANECKVIP EMRG MKT BD I - T.01.N	Separate Account		335
*	NW NVIT AMFDS GLBL GR II - T.28.N	Separate Account		303
	MFS VIT INTLINTRNSVAL SVC - T.28.N	Separate Account		245
	MACQ VIP MDCAP GR SVC - T.28.N	Separate Account		237
*	NW NVIT BNYMN DYNCUSEQIN Z - T.02.N	Separate Account		210
	Neuberger Berman AMT Sustainable Equity Portfolio	Separate Account		207
	Goldman Sachs VIT Small Cap Equity Insights Fund	Separate Account		205
*	NW NVIT AMFDS BD II - T.02.N	Separate Account		196
*	NW NVIT GOV MNY MKT I - T.01.N	Separate Account		186
*	NW NVIT AMFDS GR INC II - T.02.N	Separate Account		162
	TROWEPR HLTH SCNC II - T.28.N	Separate Account		161
*	NW NVIT NSPTNRS FOCs GR I - T.01.N	Separate Account		149
	FNKLNTVPT TMP FORGN VIP 2 - T.02.N	Separate Account		143
*	NW NVIT GOVT BD I - T.01.N	Separate Account		127
	VANECK VIP EMRGMKT INITIAL - T.28.N	Separate Account		102
	INVSCO VI COR PLS BD I - T.01.N	Separate Account		101
	MACQ VIP HI INC SVC - T.02.N	Separate Account		83
	INVSCO VI GLB STRT INC I - T.02.N	Separate Account		72
*	NW NVIT JCBSLVYLGAPCOR I - T.01.N	Separate Account		42
				<u>39,189,769</u>
	FIXED ACCOUNTS:			
*	Nationwide	Fixed Account		1,400,199
*	Nationwide	Fixed Account		37,355
				<u>1,437,554</u>
*	NOTES RECEIVABLE FROM PARTICIPANTS:	Participant loans with interest rates from 4.25% to 9.50%, various maturity dates		<u>301,070</u>
				<u>\$ 54,398,418</u>

* Denotes Party-In-Interest

** Cost omitted as these investments are participant-directed.

The accompanying notes are an integral part of this schedule.