

| | | |
|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|--|--|
| <p>1a Name of plan <u>403(B) THRIFT PLAN FOR EMPLOYEES OF THE ARC OF BUTLER COUNTY</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>005</u></p> |
| <p>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) <u>THE ARC OF BUTLER COUNTY</u></p> <p><u>112 HOLLYWOOD DR STE 202</u> <u>BUTLER, PA 16001-5697</u></p> | <p>1c Effective date of plan <u>04/01/2007</u></p> <p>2b Employer Identification Number (EIN) <u>25-1072143</u></p> <p>2c Plan Sponsor's telephone number <u>724-282-1500</u></p> <p>2d Business code (see instructions) <u>813000</u></p> |

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. | 03/27/2025 | TIFFANIE L RODGERS |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 03/27/2025 | TIFFANIE RODGERS |
| | 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 <input checked="" type="checkbox"/> 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 | 187 |
| 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) | 115 |
| | 6a(2) | 119 |
| | 6b | 10 |
| | 6c | 56 |
| | 6d | 185 |
| | 6e | 0 |
| | 6f | 185 |
| | 6g(1) | 149 |
| 6g(2) | 140 | |
| 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:
 2F 2G 2T 3D

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input checked="" type="checkbox"/> Insurance | (1) <input checked="" type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input type="checkbox"/> Trust | (3) <input type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

| | |
|--|---|
| a Pension Schedules | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> 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

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

| | |
|--|--|
| A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF THE ARC OF BUTLER COUNTY | B Three-digit plan number (PN) ▶ 005 |
|--|--|

| | |
|--|--|
| C Plan sponsor's name as shown on line 2a of Form 5500 THE ARC OF BUTLER COUNTY | D Employer Identification Number (EIN) 25-1072143 |
|--|--|

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

1 Coverage Information:

(a) Name of insurance carrier

MUTUAL OF AMERICA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 13-1614399 | 88668 | 055061 | 137 | 07/01/2023 | 06/30/2024 |

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 0 | (b) Total amount of fees paid 1187 |
|---|---|

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

PITTSBURGH REGIONAL OFFICE
401 LIBERTY AVENUE
SUITE 2378
PITTSBURGH, PA 15222

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--|------------------------------|
| | (c) Amount | (d) Purpose | |
| | 1187 | PORTION OF INCENTIVE COMPENSATION | 3 |

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

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

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

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

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

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

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

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

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

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

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

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

| Part II | Investment and Annuity Contract Information | |
|----------------------------|--|---------------------|
| | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. | |
| 4 | Current value of plan's interest under this contract in the general account at year end | 400397 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 2651045 |
| 6 | Contracts With Allocated Funds: | |
| a | State the basis of premium rates ▶ | |
| b | Premiums paid to carrier | 6b |
| c | Premiums due but unpaid at the end of the year..... | 6c |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | |
| b | Balance at the end of the previous year | 7b 418562 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) 37339 |
| | (2) Dividends and credits | 7c(2) 0 |
| | (3) Interest credited during the year | 7c(3) 9612 |
| | (4) Transferred from separate account..... | 7c(4) 387200 |
| | (5) Other (specify below) | 7c(5) 2026 |
| | ▶ ROLLOVER, LOANS, FORFEITURES | |
| (6) Total additions | 7c(6) 436177 | |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 854739 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 410350 |
| | (2) Administration charge made by carrier | 7e(2) 602 |
| | (3) Transferred to separate account..... | 7e(3) 43390 |
| | (4) Other (specify below) | 7e(4) |
| ▶ | | |
| (5) Total deductions | 7e(5) 454342 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | 7f 400397 |

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

| | | |
|--|--|------------|
| A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF THE ARC OF BUTLER COUNTY | B Three-digit plan number (PN) ▶ | 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE ARC OF BUTLER COUNTY | D Employer Identification Number (EIN) 25-1072143 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

| | |
|-----|---|
| DWS | 210 WEST 10TH STREET KANSAS CITY, MO 64105 |
|-----|---|

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

| | |
|----------------------|--|
| FIDELITY INVESTMENTS | 82 DEVONSHIRE STREET BOSTON, MA 02109 |
|----------------------|--|

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

| | |
|---------------|---------------------------------------|
| GOLDMAN SACHS | 200 WEST STREET NEW YORK, NY 10282 |
|---------------|---------------------------------------|

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

| | |
|-------------------|------------------------------------|
| MUTUAL OF AMERICA | 320 PARK AVE NEW YORK, NY 10022 |
|-------------------|------------------------------------|

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO
840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT
1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 15 37 65 | INSURANCE CARRIER | 1937 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

| (b) 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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

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

| | | |
|--|---|--|
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | 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 <hr/> 2023 This Form is Open to Public Inspection. |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

| | | |
|---|--|------------|
| A Name of plan <u>403(B) THRIFT PLAN FOR EMPLOYEES OF THE ARC OF BUTLER COUNTY</u> | B Three-digit plan number (PN) | <u>005</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE ARC OF BUTLER COUNTY</u> | D Employer Identification Number (EIN) <u>25-1072143</u> | |

| | |
|---------------|--|
| 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: <u>SEPARATE ACCOUNT NUMBER SA2</u> | | |
| b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u> | | |
| c EIN-PN <u>13-1614399-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2651045</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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 **07/01/2023** and ending **06/30/2024**

| | |
|--|--|
| A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF THE ARC OF BUTLER COUNTY | B Three-digit plan number (PN) ▶ 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE ARC OF BUTLER COUNTY | D Employer Identification Number (EIN) 25-1072143 |

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) | 97039 |
| (2) Participant contributions | 1b(2) | 5318 |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 |
| (2) U.S. Government securities | 1c(2) | 0 |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | 0 |
| (B) All other | 1c(3)(B) | 0 |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | 0 |
| (B) Common | 1c(4)(B) | 0 |
| (5) Partnership/joint venture interests | 1c(5) | 0 |
| (6) Real estate (other than employer real property) | 1c(6) | 0 |
| (7) Loans (other than to participants) | 1c(7) | 0 |
| (8) Participant loans | 1c(8) | 0 |
| (9) Value of interest in common/collective trusts | 1c(9) | 0 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 0 |
| (11) Value of interest in master trust investment accounts | 1c(11) | 0 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 0 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 2638000 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 422885 |
| (15) Other | 1c(15) | 0 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|-------|-----------------------|-----------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 3163242 | 3225467 |
| 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 | 3163242 | 3225467 |

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) | 96598 | |
| (B) Participants | 2a(1)(B) | 130770 | |
| (C) Others (including rollovers) | 2a(1)(C) | 250696 | |
| (2) Noncash contributions | 2a(2) | 0 | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) | 2a(3) | | 478064 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 150 | |
| (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) | 0 | |
| (F) Other | 2b(1)(F) | 9612 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 9762 |
| (2) Dividends: | | | |
| (A) Preferred stock | 2b(2)(A) | 0 | |
| (B) Common stock | 2b(2)(B) | 0 | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) | 2b(2)(D) | | 0 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds | 2b(4)(A) | 0 | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |
| (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) | | 457518 |
| (8) Net investment gain (loss) from master trust investment accounts..... | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities..... | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) | | 0 |
| c Other income..... | 2c | | 0 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 945344 |

Expenses

| | | | |
|--|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 881075 | |
| (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) | | 881075 |
| f Corrective distributions (see instructions)..... | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances..... | 2i(1) | | |
| (2) Contract administrator fees..... | 2i(2) | | |
| (3) Recordkeeping fees..... | 2i(3) | 2044 | |
| (4) IQPA audit fees..... | 2i(4) | | |
| (5) Investment advisory and investment management fees..... | 2i(5) | 0 | |
| (6) Bank or trust company trustee/custodial fees..... | 2i(6) | 0 | |
| (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) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 2044 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 883119 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 62225 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan..... | 2l(2) | | |

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: MAHER DUESSEL CPAS

(2) EIN: 25-1622758

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.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| 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? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| 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.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

| | | |
|--|--|------------|
| A Name of plan <u>403(B) THRIFT PLAN FOR EMPLOYEES OF THE ARC OF BUTLER COUNTY</u> | B Three-digit plan number (PN) ▶ | <u>005</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE ARC OF BUTLER COUNTY</u> | D Employer Identification Number (EIN) <u>25-1072143</u> | |

| | |
|---------------|----------------------|
| 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 | <u>0</u> |
| 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): <u>13-3590259</u> | | |
| 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 | <u>391</u> |

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|--|-----------|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) | 6c | |

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

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

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | 14b | |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | |

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03/31/2017 (MM/DD/YYYY) and the Opinion Letter serial number J300870A.

**403(b) Thrift Plan
for The Arc of Butler County**

Financial Statements and
Supplemental Schedule

For the Plan Years Ended June 30, 2024 and 2023
with Independent Auditor's Report

MaherDuessel

Pursuing the profession while promoting the public good©
www.md-cpas.com

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

TABLE OF CONTENTS

Independent Auditor's Report

Financial Statements:

| | |
|--|---|
| Statements of Net Assets Available for Benefits | 1 |
| Statements of Changes in Net Assets Available for Benefits | 2 |
| Notes to Financial Statements | 3 |

Supplemental Schedule:

| | |
|--|----|
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) | 13 |
|--|----|

Independent Auditor's Report

Board of Directors

403(b) Thrift Plan for The Arc of Butler County

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

We have performed audits of the accompanying financial statements of the 403(b) Thrift Plan for The Arc of Butler County (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from qualified institutions as of and for the year ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects,

the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not

detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule of Assets (Held at End of Year) as of June 30, 2024 is presented for the purpose 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Pittsburgh, Pennsylvania
March 18, 2025

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

| | 2024 | 2023 |
|--|--------------|--------------|
| Assets | | |
| Investments, at fair value | \$ 2,719,008 | \$ 2,638,000 |
| Investments, at contract value | 404,857 | 422,885 |
| Total investments | 3,123,865 | 3,060,885 |
| Employee contributions receivable | 5,004 | 5,318 |
| Employer contributions receivable | 96,598 | 97,039 |
| Total Assets | 3,225,467 | 3,163,242 |
| Liabilities | - | - |
| Net Assets Available for Benefits | \$ 3,225,467 | \$ 3,163,242 |

The accompanying notes are an integral part of these financial statements.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

| | 2024 | 2023 |
|---|--------------|--------------|
| <u>Additions to Net Assets Attributed to:</u> | | |
| Employee contributions | \$ 130,770 | \$ 122,025 |
| Employer contributions | 96,598 | 97,039 |
| Employee rollover contributions | 250,696 | 26,258 |
| Total contributions | 478,064 | 245,322 |
| Investment income (loss): | | |
| Net appreciation (depreciation) in fair value investments | 457,518 | 380,897 |
| Dividends and interest | 9,762 | 4,087 |
| Total investment income (loss) | 467,280 | 384,984 |
| Total additions | 945,344 | 630,306 |
| <u>Deductions From Net Assets Attributed to:</u> | | |
| Benefits paid to participants | 881,075 | 222,046 |
| Administrative expenses | 2,044 | 429 |
| Total deductions | 883,119 | 222,475 |
| Net Increase (Decrease) in Net Assets | 62,225 | 407,831 |
| <u>Net Assets Available for Benefits:</u> | | |
| Beginning of year | 3,163,242 | 2,755,411 |
| End of year | \$ 3,225,467 | \$ 3,163,242 |

The accompanying notes are an integral part of these financial statements.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

1. Description of the Plan

The Arc of Butler County (Arc) is a nonprofit organization providing intellectual disability and other related services to the residents of Butler County. Effective April 1, 2007, the 403(b) Thrift Plan for The Arc of Butler County (Plan) was established for the purpose of providing the employees of the Arc with voluntary retirement savings and retirement benefits. The accompanying financial statements include only the activity and financial position of the Plan and are not intended to reflect the Arc as a whole.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a 403(b) thrift plan covering all employees of the Arc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Non-elective employer contributions are paid to eligible participants who have one year of service with the Arc and were employed with the Arc on the last day of the Plan year. For the years ended June 30, 2024 and 2023, the employer contribution was 2% of each participant's compensation, which includes overtime wages.

In addition, participants may voluntarily contribute, pre-tax, a portion of their compensation up to a maximum allowable by the Plan document and in accordance with other limiting provisions of the Internal Revenue Code (Code) and other applicable legal limits. Such amounts shall be deducted from the participant's compensation each payroll period.

Participant Accounts

Each participant's account is credited with: (a) the participant's contribution, (b) employer contribution, (c) any participant rollovers, and (d) an allocation of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participants' account balances. The benefit to which a participant is entitled is equal to the participant's vested account balance.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

Vesting

Participants are immediately vested in both employee and employer contributions to their account plus actual earnings thereon; therefore, no portion of the participant account balance will be forfeited upon termination of employment.

Investment Options

Upon enrollment in the Plan, a participant may direct their contributions in any of the investment options of the pooled separate accounts or the General Account. The investments held in the Lincoln National Life Insurance Company (Lincoln) relate to a previous contract under the Plan and no current employee and employer contributions are made to the Lincoln account.

If a participant fails to provide investment directions, any contributions made on their behalf will be allocated to the Plan's default investment alternative. The participant's contributions will continue to be allocated to the default investment alternative until they provide instruction to allocate the contributions in a different manner. The default investment alternative is the Mutual of America Composite Fund, a fund of the pooled separate account.

Plan Loans

The Plan allows some loans to be issued directly from the funds owned by Mutual of America Life Insurance Company (Mutual) and not directly from a participant's account. Loans are not to be in excess of 50% of the borrower's combined vested accounts. The amount needed to collateralize the loan remains in the participant's account and is invested in the General Account. Payments of interest and principal are made directly to Mutual. These loans are also not deemed to be assets of the Plan and are not recorded on the statements of plan net assets available for benefits. The amount of the outstanding loans at June 30, 2024 and 2023 was \$48,463 and \$34,654, respectively.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's account in either a lump sum amount or in monthly installments over a fixed period. For termination of service due to

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

other reasons, a participant may receive the value of his or her account as a lump sum distribution. Account balances of \$1,000 or less may be distributed to participants without their consent as a single lump-sum.

Any participant may withdraw vested amounts allocated to their account if they satisfy any of the following conditions: the participant has attained age 59½; the participant becomes disabled; the participant is entitled to a hardship withdraw; the participant terminates employment with the employer. A participant may not withdraw any amounts allocated to their employer contribution accounts before they terminate employment with the employer, unless they are entitled to a hardship withdrawal in accordance with the Plan document.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the Plan net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts (Insurance Contract), because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less withdrawals, and administrative expenses.

Investment Valuation and Income Recognition

The Plan's investments are included in the financial statements at fair value as of June 30, 2024 and 2023 (except for fully benefit-responsive investment contracts, which are reported at contract value). For all investments, Mutual or Lincoln calculates a daily unit value, based on either the daily credited interest rate (general account), or the underlying market value of investments (pooled separate accounts). The value of a participant's fund balance is equal to the daily unit value multiplied by the number of units accumulated.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

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

Payment of Benefits

Benefits are recorded when paid. There are no benefits allocated to the accounts of persons who had withdrawn from the Plan but were not paid as of June 30, 2024 and 2023.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Arc and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Subsequent Events

Subsequent events have been evaluated through the Independent Auditor's Report date, which is the date the financial statements were available to be issued.

3. Funds Held in Insurance Company General Accounts

The Plan has an investment contract with Mutual. Under the terms of the contract, a portion of the Plan's assets are held in Mutual's general account, which is made up mainly of U.S. Government agency and high-quality nonindustrial corporate bonds and notes. The general account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Mutual. Mutual is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

The contract value of the Mutual investment contract at June 30, 2024 and 2023 was \$400,397 and \$418,562, respectively. The effective annual yield from July 1, 2023 through December 31, 2023 was 1.60% and the effective annual yield from January 1, 2024 through June 30, 2024 was 2.85%. The effective annual yield for the year ended June 30, 2023 was 1.46%. Interest is compounded daily and is periodically adjusted by Mutual.

The Lincoln Fixed Income Account (Fixed Account) has a minimum guaranteed interest rate of 4.5% for during the first five contract years, 4% for the next five contract years, and 3.5% thereafter. Lincoln has an internal committee that reviews and declares interest rates quarterly based on variety of proprietary factors. Declared interest rates are published in advance of the quarter for which the rates will be effective. The rate of interest actually credited to the Fixed Account will be the greater of the declared rate of interest or the guaranteed minimum interest rate. The contract value of the investment contract at June 30, 2024 and 2023 was \$4,460 and \$4,323, respectively. The effective annual yield and crediting interest rate for the years ended June 30, 2024 and 2023 was 3.50%.

Because the investment contracts are considered to be fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the contract. Contract value, as reported to the Plan by the custodians, represents contributions made under the contract, plus earnings, less withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. If the contract is surrendered completely, a market value adjustment may be applied to the balance. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. 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.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

The custodians are responsible for maintaining the balances due to each of the eligible participants in the Plan. The net assets available for benefits include assets available to current eligible employees as well as terminated employees who have not yet been paid their benefit by the Plan. The custodians are also responsible for the proper payouts of benefits to eligible terminated employees per the terms of the Plan document.

4. Plan Termination

While it has no present intention to terminate the Plan, the Board of Directors of the Arc has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. Upon termination, participants will become fully vested in their account balances.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

5. Fair Value Measurements

Fair values of assets measured on a recurring basis at June 30, 2024 and 2023 are as follows:

| Description | Total | Fair Value Measurements as of June 30, 2024 | | |
|---|--------------|---|--|--|
| | | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ 67,963 | \$ 67,963 | \$ - | \$ - |
| Total assets in the fair value hierarchy | 67,963 | \$ 67,963 | \$ - | \$ - |
| Investments measured at net asset value * | 2,651,045 | | | |
| Investments at fair value | \$ 2,719,008 | | | |

| Description | Total | Fair Value Measurements as of June 30, 2023 | | |
|---|--------------|---|--|--|
| | | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ 56,290 | \$ 56,290 | \$ - | \$ - |
| Total assets in the fair value hierarchy | 56,290 | \$ 56,290 | \$ - | \$ - |
| Investments measured at net asset value * | 2,581,710 | | | |
| Investments at fair value | \$ 2,638,000 | | | |

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified 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 line items presented in the statement of net assets available for benefits.

Fair values for Level 1 investments are determined by reference to unadjusted quoted market prices for identical assets in active markets that the Plan has the ability to access. Fair values for Level 2 investments are determined by reference to quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

Level 3 investments have significant unobservable inputs, as they trade infrequently or not at all.

The assets' or liabilities' 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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Mutual funds are valued at the closing price reported on the active market on which the individual securities are traded.

Interest in pooled separate accounts is valued at the net asset value of shares held by the Plan at year-end. Separate account funds invest in mutual funds, including funds managed by Mutual of America Capital Management Corporation, a wholly owned subsidiary of Mutual, and other funds managed by outside investment advisors. Investments held in the separate accounts are stated at fair value and are not available to satisfy the liabilities of the general account. Pooled separate accounts are valued at net asset value per share as determined by investment managers under the so-called "practical expedient." The practical expedient allows net asset value per share to represent fair value for reporting purposes when the criteria for using this method are met. The pooled separate accounts consist of mutual funds actively traded that are easily redeemed at the request of participants without restrictions on sales and there are no unfunded commitments.

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

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of June 30, 2024 and 2023. There are no participation redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| June 30, 2024 | Fair Value | Unfunded Commitments | Redemption Frequency (If Currently Eligible) | Redemption Notice Period |
|-----------------------------|-------------------|---------------------------------|---|-------------------------------------|
| Pooled separate accounts | \$ 2,651,045 | n/a | Daily | n/a |
| June 30, 2023 | Fair Value | Unfunded Commitments | Redemption Frequency (If Currently Eligible) | Redemption Notice Period |
| Pooled separate accounts | \$ 2,581,710 | n/a | Daily | n/a |

6. Tax Status

The Plan has been designed to qualify under Section 403(b) of the Code. The Plan administrator believes that terms of the Plan have been prepared to conform with the written Plan requirements of Regulation 1.403(b)-3 of the Code. The Plan is required to operate in conformity with the Code to maintain tax-exempt status for Plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

taxing jurisdictions; however, there are currently no audits for any tax periods in progress for the Plan.

7. Information Certified by the Plan's Custodians

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at June 30, 2024 and 2023, and net appreciation (depreciation) of fair value of investments and dividends and interest for the years ended June 30, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Mutual and Lincoln, the custodians of the Plan.

8. Related-Party and Party in Interest Transactions

Certain Plan investments in the pooled separate accounts, mutual funds, and investments in the general accounts are managed by Mutual and Lincoln. Mutual and Lincoln are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administration fees paid by the Plan to Mutual amounted to \$2,044 and \$354 for years ended June 30, 2024 and 2023, respectively. Administration fees paid by the Plan to Lincoln amounted to \$75 for the years ended June 30, 2024 and 2023. Fees paid by the Plan for the investment management services are included in net appreciation in fair value of investments.

9. 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.

SUPPLEMENTAL SCHEDULE

**403(b) THRIFT PLAN
FOR THE ARC OF BUTLER COUNTY**

SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
EIN 25-1072143 PN 005

JUNE 30, 2024

| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment | Current Value |
|---|---------------------------|---------------|
| Funds Held in Insurance Company General Accounts: | | |
| * Mutual of America Investment Corporation | General Account** | \$ 400,397 |
| * Lincoln Financial Group | Fixed Income*** | 4,460 |
| Total value of funds held in insurance company general accounts | | 404,857 |
| Interest in Registered Investment Companies: | | |
| Lincoln Financial Group: | | |
| American Funds Growth | | 18,474 |
| American Funds International | | 677 |
| Fidelity VIP Growth | | 16,558 |
| * LVIP SSGA S&P 500 Index | | 11,460 |
| * LVIP Baron Growth Opportunities | | 13,185 |
| * LVIP Dimensional U.S. Core Equity | | 7,609 |
| Total Lincoln Financial Group accounts | | 67,963 |
| Mutual of America Separate Account: | | |
| American Century Investments® VP Capital Appreciation Fund | | 6,239 |
| Calvert VP SRI Balanced Portfolio | | 4,190 |
| DWS Capital Growth VIP | | 54,234 |
| Fidelity® VIP Asset Manager Portfolio | | 7,077 |
| Fidelity® VIP Contrafund | | 351,792 |
| Fidelity® VIP Equity-Income Portfolio | | 29,412 |
| Fidelity® VIP Mid Cap Portfolio | | 60,593 |
| Goldman Sachs VIT Small Cap Equity Insights Fund | | 7,731 |
| Invesco Oppenheimer V.I. Main Street Fund® | | 98,542 |
| * Mutual of America 2015 Retirement Fund | | 936 |
| * Mutual of America 2020 Retirement Fund | | 8,988 |
| * Mutual of America 2025 Retirement Fund | | 55,329 |
| * Mutual of America 2030 Retirement Fund | | 422,733 |
| * Mutual of America 2035 Retirement Fund | | 22,891 |
| * Mutual of America 2040 Retirement Fund | | 62,414 |
| * Mutual of America 2045 Retirement Fund | | 151,963 |
| * Mutual of America 2050 Retirement Fund | | 114,914 |
| * Mutual of America 2055 Retirement Fund | | 43,301 |
| * Mutual of America 2060 Retirement Fund | | 32,627 |
| * Mutual of America 2065 Retirement Fund | | 6,600 |
| * Mutual of America Aggressive Allocation Fund | | 7,632 |
| * Mutual of America All America Fund | | 33,017 |
| * Mutual of America Bond Fund | | 27,949 |
| * Mutual of America Composite Fund | | 48,471 |
| * Mutual of America Conservative Allocation Fund | | 33,286 |
| * Mutual of America Equity Index Fund | | 347,922 |
| * Mutual of America International Fund | | 4,612 |

**403(b) THRIFT PLAN
FOR THE ARC OF BUTLER COUNTY**

SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
EIN 25-1072143 PN 005

JUNE 30, 2024
(Continued)

Interest in Registered Investment Companies (Continued):

| | | |
|---|--|--------------------------------|
| * | Mutual of America Mid Cap Value Fund | 9,752 |
| * | Mutual of America Mid-Cap Equity Index Fund | 77,042 |
| * | Mutual of America Mid-Term Bond Fund | 1,667 |
| * | Mutual of America Moderate Allocation Fund | 37,507 |
| * | Mutual of America Money Market Fund | 28,200 |
| * | Mutual of America Retirement Income Fund | 1,807 |
| * | Mutual of America Small Cap Growth Fund | 20,139 |
| * | Mutual of America Small Cap Value Fund | 14,977 |
| | T. Rowe Price Blue Chip Growth Portfolio | 241,985 |
| | Vanguard VIF Diversified Value Portfolio | 45,689 |
| | Vanguard VIF International Portfolio | 116,228 |
| | Vanguard VIF Real Estate Index Portfolio | <u>10,657</u> |
| | Total Mutual of America Separate Account: | <u>2,651,045</u> |
| | Total value of interest in registered investment companies | <u>2,719,008</u> |
| | Total assets held for investment purposes | <u><u>\$ 3,123,865</u></u> |

(Concluded)

* Party-in-interest, as Mutual of America Life Insurance Company and Lincoln Financial Group are the plan custodians. \$2,053,787 of the Pooled Separate Account is invested with Mutual of America Life Insurance Company at June 30, 2024.

** The effective annual yield from July 1, 2023 through December 31, 2023 was 1.60%. The effective annual yield from January 1, 2024 through June 30, 2024 was 2.85%

*** The effective annual yield from July 1, 2023 through June 30, 2024 was 3.50%.

**403(b) Thrift Plan
for The Arc of Butler County**

Financial Statements and
Supplemental Schedule

For the Plan Years Ended June 30, 2024 and 2023
with Independent Auditor's Report

MaherDuessel

Pursuing the profession while promoting the public good©
www.md-cpas.com

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

TABLE OF CONTENTS

Independent Auditor's Report

Financial Statements:

| | |
|--|---|
| Statements of Net Assets Available for Benefits | 1 |
| Statements of Changes in Net Assets Available for Benefits | 2 |
| Notes to Financial Statements | 3 |

Supplemental Schedule:

| | |
|--|----|
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) | 13 |
|--|----|

Independent Auditor's Report

Board of Directors

403(b) Thrift Plan for The Arc of Butler County

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

We have performed audits of the accompanying financial statements of the 403(b) Thrift Plan for The Arc of Butler County (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from qualified institutions as of and for the year ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects,

the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not

detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule of Assets (Held at End of Year) as of June 30, 2024 is presented for the purpose 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Pittsburgh, Pennsylvania
March 18, 2025

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

| | 2024 | 2023 |
|--|--------------|--------------|
| Assets | | |
| Investments, at fair value | \$ 2,719,008 | \$ 2,638,000 |
| Investments, at contract value | 404,857 | 422,885 |
| Total investments | 3,123,865 | 3,060,885 |
| Employee contributions receivable | 5,004 | 5,318 |
| Employer contributions receivable | 96,598 | 97,039 |
| Total Assets | 3,225,467 | 3,163,242 |
| Liabilities | - | - |
| Net Assets Available for Benefits | \$ 3,225,467 | \$ 3,163,242 |

The accompanying notes are an integral part of these financial statements.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

| | 2024 | 2023 |
|---|--------------|--------------|
| <u>Additions to Net Assets Attributed to:</u> | | |
| Employee contributions | \$ 130,770 | \$ 122,025 |
| Employer contributions | 96,598 | 97,039 |
| Employee rollover contributions | 250,696 | 26,258 |
| Total contributions | 478,064 | 245,322 |
| Investment income (loss): | | |
| Net appreciation (depreciation) in fair value investments | 457,518 | 380,897 |
| Dividends and interest | 9,762 | 4,087 |
| Total investment income (loss) | 467,280 | 384,984 |
| Total additions | 945,344 | 630,306 |
| <u>Deductions From Net Assets Attributed to:</u> | | |
| Benefits paid to participants | 881,075 | 222,046 |
| Administrative expenses | 2,044 | 429 |
| Total deductions | 883,119 | 222,475 |
| Net Increase (Decrease) in Net Assets | 62,225 | 407,831 |
| <u>Net Assets Available for Benefits:</u> | | |
| Beginning of year | 3,163,242 | 2,755,411 |
| End of year | \$ 3,225,467 | \$ 3,163,242 |

The accompanying notes are an integral part of these financial statements.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

1. Description of the Plan

The Arc of Butler County (Arc) is a nonprofit organization providing intellectual disability and other related services to the residents of Butler County. Effective April 1, 2007, the 403(b) Thrift Plan for The Arc of Butler County (Plan) was established for the purpose of providing the employees of the Arc with voluntary retirement savings and retirement benefits. The accompanying financial statements include only the activity and financial position of the Plan and are not intended to reflect the Arc as a whole.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a 403(b) thrift plan covering all employees of the Arc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Non-elective employer contributions are paid to eligible participants who have one year of service with the Arc and were employed with the Arc on the last day of the Plan year. For the years ended June 30, 2024 and 2023, the employer contribution was 2% of each participant's compensation, which includes overtime wages.

In addition, participants may voluntarily contribute, pre-tax, a portion of their compensation up to a maximum allowable by the Plan document and in accordance with other limiting provisions of the Internal Revenue Code (Code) and other applicable legal limits. Such amounts shall be deducted from the participant's compensation each payroll period.

Participant Accounts

Each participant's account is credited with: (a) the participant's contribution, (b) employer contribution, (c) any participant rollovers, and (d) an allocation of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participants' account balances. The benefit to which a participant is entitled is equal to the participant's vested account balance.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

Vesting

Participants are immediately vested in both employee and employer contributions to their account plus actual earnings thereon; therefore, no portion of the participant account balance will be forfeited upon termination of employment.

Investment Options

Upon enrollment in the Plan, a participant may direct their contributions in any of the investment options of the pooled separate accounts or the General Account. The investments held in the Lincoln National Life Insurance Company (Lincoln) relate to a previous contract under the Plan and no current employee and employer contributions are made to the Lincoln account.

If a participant fails to provide investment directions, any contributions made on their behalf will be allocated to the Plan's default investment alternative. The participant's contributions will continue to be allocated to the default investment alternative until they provide instruction to allocate the contributions in a different manner. The default investment alternative is the Mutual of America Composite Fund, a fund of the pooled separate account.

Plan Loans

The Plan allows some loans to be issued directly from the funds owned by Mutual of America Life Insurance Company (Mutual) and not directly from a participant's account. Loans are not to be in excess of 50% of the borrower's combined vested accounts. The amount needed to collateralize the loan remains in the participant's account and is invested in the General Account. Payments of interest and principal are made directly to Mutual. These loans are also not deemed to be assets of the Plan and are not recorded on the statements of plan net assets available for benefits. The amount of the outstanding loans at June 30, 2024 and 2023 was \$48,463 and \$34,654, respectively.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's account in either a lump sum amount or in monthly installments over a fixed period. For termination of service due to

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

other reasons, a participant may receive the value of his or her account as a lump sum distribution. Account balances of \$1,000 or less may be distributed to participants without their consent as a single lump-sum.

Any participant may withdraw vested amounts allocated to their account if they satisfy any of the following conditions: the participant has attained age 59½; the participant becomes disabled; the participant is entitled to a hardship withdraw; the participant terminates employment with the employer. A participant may not withdraw any amounts allocated to their employer contribution accounts before they terminate employment with the employer, unless they are entitled to a hardship withdrawal in accordance with the Plan document.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the Plan net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts (Insurance Contract), because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less withdrawals, and administrative expenses.

Investment Valuation and Income Recognition

The Plan's investments are included in the financial statements at fair value as of June 30, 2024 and 2023 (except for fully benefit-responsive investment contracts, which are reported at contract value). For all investments, Mutual or Lincoln calculates a daily unit value, based on either the daily credited interest rate (general account), or the underlying market value of investments (pooled separate accounts). The value of a participant's fund balance is equal to the daily unit value multiplied by the number of units accumulated.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

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

Payment of Benefits

Benefits are recorded when paid. There are no benefits allocated to the accounts of persons who had withdrawn from the Plan but were not paid as of June 30, 2024 and 2023.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Arc and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Subsequent Events

Subsequent events have been evaluated through the Independent Auditor's Report date, which is the date the financial statements were available to be issued.

3. Funds Held in Insurance Company General Accounts

The Plan has an investment contract with Mutual. Under the terms of the contract, a portion of the Plan's assets are held in Mutual's general account, which is made up mainly of U.S. Government agency and high-quality nonindustrial corporate bonds and notes. The general account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Mutual. Mutual is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

The contract value of the Mutual investment contract at June 30, 2024 and 2023 was \$400,397 and \$418,562, respectively. The effective annual yield from July 1, 2023 through December 31, 2023 was 1.60% and the effective annual yield from January 1, 2024 through June 30, 2024 was 2.85%. The effective annual yield for the year ended June 30, 2023 was 1.46%. Interest is compounded daily and is periodically adjusted by Mutual.

The Lincoln Fixed Income Account (Fixed Account) has a minimum guaranteed interest rate of 4.5% for during the first five contract years, 4% for the next five contract years, and 3.5% thereafter. Lincoln has an internal committee that reviews and declares interest rates quarterly based on variety of proprietary factors. Declared interest rates are published in advance of the quarter for which the rates will be effective. The rate of interest actually credited to the Fixed Account will be the greater of the declared rate of interest or the guaranteed minimum interest rate. The contract value of the investment contract at June 30, 2024 and 2023 was \$4,460 and \$4,323, respectively. The effective annual yield and crediting interest rate for the years ended June 30, 2024 and 2023 was 3.50%.

Because the investment contracts are considered to be fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the contract. Contract value, as reported to the Plan by the custodians, represents contributions made under the contract, plus earnings, less withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. If the contract is surrendered completely, a market value adjustment may be applied to the balance. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. 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.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

The custodians are responsible for maintaining the balances due to each of the eligible participants in the Plan. The net assets available for benefits include assets available to current eligible employees as well as terminated employees who have not yet been paid their benefit by the Plan. The custodians are also responsible for the proper payouts of benefits to eligible terminated employees per the terms of the Plan document.

4. Plan Termination

While it has no present intention to terminate the Plan, the Board of Directors of the Arc has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. Upon termination, participants will become fully vested in their account balances.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

5. Fair Value Measurements

Fair values of assets measured on a recurring basis at June 30, 2024 and 2023 are as follows:

| Description | Total | Fair Value Measurements as of June 30, 2024 | | |
|---|--------------|---|--|--|
| | | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ 67,963 | \$ 67,963 | \$ - | \$ - |
| Total assets in the fair value hierarchy | 67,963 | \$ 67,963 | \$ - | \$ - |
| Investments measured at net asset value * | 2,651,045 | | | |
| Investments at fair value | \$ 2,719,008 | | | |

| Description | Total | Fair Value Measurements as of June 30, 2023 | | |
|---|--------------|---|--|--|
| | | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ 56,290 | \$ 56,290 | \$ - | \$ - |
| Total assets in the fair value hierarchy | 56,290 | \$ 56,290 | \$ - | \$ - |
| Investments measured at net asset value * | 2,581,710 | | | |
| Investments at fair value | \$ 2,638,000 | | | |

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified 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 line items presented in the statement of net assets available for benefits.

Fair values for Level 1 investments are determined by reference to unadjusted quoted market prices for identical assets in active markets that the Plan has the ability to access. Fair values for Level 2 investments are determined by reference to quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

Level 3 investments have significant unobservable inputs, as they trade infrequently or not at all.

The assets' or liabilities' 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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Mutual funds are valued at the closing price reported on the active market on which the individual securities are traded.

Interest in pooled separate accounts is valued at the net asset value of shares held by the Plan at year-end. Separate account funds invest in mutual funds, including funds managed by Mutual of America Capital Management Corporation, a wholly owned subsidiary of Mutual, and other funds managed by outside investment advisors. Investments held in the separate accounts are stated at fair value and are not available to satisfy the liabilities of the general account. Pooled separate accounts are valued at net asset value per share as determined by investment managers under the so-called "practical expedient." The practical expedient allows net asset value per share to represent fair value for reporting purposes when the criteria for using this method are met. The pooled separate accounts consist of mutual funds actively traded that are easily redeemed at the request of participants without restrictions on sales and there are no unfunded commitments.

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

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of June 30, 2024 and 2023. There are no participation redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| June 30, 2024 | Fair Value | Unfunded Commitments | Redemption Frequency (If Currently Eligible) | Redemption Notice Period |
|-----------------------------|-------------------|---------------------------------|---|-------------------------------------|
| Pooled separate accounts | \$ 2,651,045 | n/a | Daily | n/a |
| June 30, 2023 | Fair Value | Unfunded Commitments | Redemption Frequency (If Currently Eligible) | Redemption Notice Period |
| Pooled separate accounts | \$ 2,581,710 | n/a | Daily | n/a |

6. Tax Status

The Plan has been designed to qualify under Section 403(b) of the Code. The Plan administrator believes that terms of the Plan have been prepared to conform with the written Plan requirements of Regulation 1.403(b)-3 of the Code. The Plan is required to operate in conformity with the Code to maintain tax-exempt status for Plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by

403(b) THRIFT PLAN FOR THE ARC OF BUTLER COUNTY

NOTES TO FINANCIAL STATEMENTS

FOR THE PLAN YEARS ENDED JUNE 30, 2024 AND 2023

taxing jurisdictions; however, there are currently no audits for any tax periods in progress for the Plan.

7. Information Certified by the Plan's Custodians

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at June 30, 2024 and 2023, and net appreciation (depreciation) of fair value of investments and dividends and interest for the years ended June 30, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Mutual and Lincoln, the custodians of the Plan.

8. Related-Party and Party in Interest Transactions

Certain Plan investments in the pooled separate accounts, mutual funds, and investments in the general accounts are managed by Mutual and Lincoln. Mutual and Lincoln are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administration fees paid by the Plan to Mutual amounted to \$2,044 and \$354 for years ended June 30, 2024 and 2023, respectively. Administration fees paid by the Plan to Lincoln amounted to \$75 for the years ended June 30, 2024 and 2023. Fees paid by the Plan for the investment management services are included in net appreciation in fair value of investments.

9. 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.

SUPPLEMENTAL SCHEDULE

**403(b) THRIFT PLAN
FOR THE ARC OF BUTLER COUNTY**

SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
EIN 25-1072143 PN 005

JUNE 30, 2024

| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment | Current Value |
|---|---------------------------|---------------|
| Funds Held in Insurance Company General Accounts: | | |
| * Mutual of America Investment Corporation | General Account** | \$ 400,397 |
| * Lincoln Financial Group | Fixed Income*** | 4,460 |
| Total value of funds held in insurance company general accounts | | 404,857 |
| Interest in Registered Investment Companies: | | |
| Lincoln Financial Group: | | |
| American Funds Growth | | 18,474 |
| American Funds International | | 677 |
| Fidelity VIP Growth | | 16,558 |
| * LVIP SSGA S&P 500 Index | | 11,460 |
| * LVIP Baron Growth Opportunities | | 13,185 |
| * LVIP Dimensional U.S. Core Equity | | 7,609 |
| Total Lincoln Financial Group accounts | | 67,963 |
| Mutual of America Separate Account: | | |
| American Century Investments® VP Capital Appreciation Fund | | 6,239 |
| Calvert VP SRI Balanced Portfolio | | 4,190 |
| DWS Capital Growth VIP | | 54,234 |
| Fidelity® VIP Asset Manager Portfolio | | 7,077 |
| Fidelity® VIP Contrafund | | 351,792 |
| Fidelity® VIP Equity-Income Portfolio | | 29,412 |
| Fidelity® VIP Mid Cap Portfolio | | 60,593 |
| Goldman Sachs VIT Small Cap Equity Insights Fund | | 7,731 |
| Invesco Oppenheimer V.I. Main Street Fund® | | 98,542 |
| * Mutual of America 2015 Retirement Fund | | 936 |
| * Mutual of America 2020 Retirement Fund | | 8,988 |
| * Mutual of America 2025 Retirement Fund | | 55,329 |
| * Mutual of America 2030 Retirement Fund | | 422,733 |
| * Mutual of America 2035 Retirement Fund | | 22,891 |
| * Mutual of America 2040 Retirement Fund | | 62,414 |
| * Mutual of America 2045 Retirement Fund | | 151,963 |
| * Mutual of America 2050 Retirement Fund | | 114,914 |
| * Mutual of America 2055 Retirement Fund | | 43,301 |
| * Mutual of America 2060 Retirement Fund | | 32,627 |
| * Mutual of America 2065 Retirement Fund | | 6,600 |
| * Mutual of America Aggressive Allocation Fund | | 7,632 |
| * Mutual of America All America Fund | | 33,017 |
| * Mutual of America Bond Fund | | 27,949 |
| * Mutual of America Composite Fund | | 48,471 |
| * Mutual of America Conservative Allocation Fund | | 33,286 |
| * Mutual of America Equity Index Fund | | 347,922 |
| * Mutual of America International Fund | | 4,612 |

**403(b) THRIFT PLAN
FOR THE ARC OF BUTLER COUNTY**

SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
EIN 25-1072143 PN 005

JUNE 30, 2024
(Continued)

Interest in Registered Investment Companies (Continued):

| | | |
|---|--|--------------------------------|
| * | Mutual of America Mid Cap Value Fund | 9,752 |
| * | Mutual of America Mid-Cap Equity Index Fund | 77,042 |
| * | Mutual of America Mid-Term Bond Fund | 1,667 |
| * | Mutual of America Moderate Allocation Fund | 37,507 |
| * | Mutual of America Money Market Fund | 28,200 |
| * | Mutual of America Retirement Income Fund | 1,807 |
| * | Mutual of America Small Cap Growth Fund | 20,139 |
| * | Mutual of America Small Cap Value Fund | 14,977 |
| | T. Rowe Price Blue Chip Growth Portfolio | 241,985 |
| | Vanguard VIF Diversified Value Portfolio | 45,689 |
| | Vanguard VIF International Portfolio | 116,228 |
| | Vanguard VIF Real Estate Index Portfolio | <u>10,657</u> |
| | Total Mutual of America Separate Account: | <u>2,651,045</u> |
| | Total value of interest in registered investment companies | <u>2,719,008</u> |
| | Total assets held for investment purposes | <u><u>\$ 3,123,865</u></u> |

(Concluded)

* Party-in-interest, as Mutual of America Life Insurance Company and Lincoln Financial Group are the plan custodians. \$2,053,787 of the Pooled Separate Account is invested with Mutual of America Life Insurance Company at June 30, 2024.

** The effective annual yield from July 1, 2023 through December 31, 2023 was 1.60%. The effective annual yield from January 1, 2024 through June 30, 2024 was 2.85%

*** The effective annual yield from July 1, 2023 through June 30, 2024 was 3.50%.

Attachment to July 2023 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(b) Thrift Plan for Employees of The Arc of Butler County

EIN: 25-1072143
PN: 005

| (a) | (b) identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral par, or maturity value. | (d) Cost | (e) Current value |
|-----|--|---|----------|-------------------|
| * | Mutual of America | GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio | | 4,190 |
| * | Mutual of America | GROUP ANNUITY CONTRACT DWS Capital Growth VIP | | 54,234 |
| * | Mutual of America | GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio | | 7,077 |
| * | Mutual of America | GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio | | 351,792 |
| * | Mutual of America | GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio | | 29,412 |
| * | Mutual of America | GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio | | 60,593 |
| * | Mutual of America | GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund | | 7,731 |
| * | Mutual of America | GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund | | 98,542 |
| * | Mutual of America | GROUP ANNUITY CONTRACT LVIP American Century Capital Appreciation Fund | | 6,239 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund | | 7,632 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA All America Fund | | 33,017 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Balanced Fund | | 48,471 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund | | 936 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund | | 8,988 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund | | 55,329 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund | | 422,733 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund | | 22,891 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund | | 62,414 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund | | 151,963 |

Attachment to July 2023 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(b) Thrift Plan for Employees of The Arc of Butler County

EIN: 25-1072143
PN: 005

| (a) | (b) identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral par, or maturity value. | (d) Cost | (e) Current value |
|-----|--|---|----------|-------------------|
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund | | 114,914 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund | | 43,301 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund | | 32,627 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund | | 6,600 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund | | 33,286 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Core Bond Fund | | 27,949 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Equity Index Fund | | 347,922 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund | | 1,667 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA International Fund | | 4,612 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund | | 77,042 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund | | 9,752 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund | | 37,507 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Money Market Fund | | 28,200 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Retirement Income Fund | | 1,807 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund | | 20,139 |
| * | Mutual of America | GROUP ANNUITY CONTRACT MoA Small Cap Value Fund | | 14,977 |
| * | Mutual of America | GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account | | 400,459 |
| * | Mutual of America | GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio | | 241,985 |
| * | Mutual of America | GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio | | 45,689 |

Attachment to July 2023 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(b) Thrift Plan for Employees of The Arc of Butler County **EIN:** 25-1072143
PN: 005

| (a) | (b) identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral par, or maturity value. | (d) Cost | (e) Current value |
|-----|--|---|----------|-------------------|
| * | Mutual of America | GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio | | 116,228 |
| * | Mutual of America | GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio | | 10,657 |

