

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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>403B THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</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>LIFESWORK OF WESTERN PA</u></p> <p><u>2403 SIDNEY STREET, SUITE 500</u> <u>PITTSBURGH, PA 15203</u></p>	<p>1c Effective date of plan <u>07/26/1994</u></p> <p>2b Employer Identification Number (EIN) <u>25-0969438</u></p> <p>2c Plan Sponsor's telephone number <u>412-471-2600</u></p> <p>2d Business code (see instructions) <u>624310</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.	04/04/2025	TIMOTHY PARKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor LIFE'SWORK OF WESTERN PA C/O BENEFITS COMMITTEE 2403 SIDNEY STREET, SUITE 500 PITTSBURGH, PA 15203-2168	3b Administrator's EIN 25-0969438 3c Administrator's telephone number 412-471-2600
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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
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5 Total number of participants at the beginning of the plan year	5	180
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	84
a(2) Total number of active participants at the end of the plan year	6a(2)	88
b Retired or separated participants receiving benefits	6b	2
c Other retired or separated participants entitled to future benefits	6c	83
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	173
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	5
f Total. Add lines 6d and 6e	6f	178
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	166
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	170
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2L 2S 2T 3D

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

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan 403B THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LIFESWORK OF WESTERN PA</p>	<p>D Employer Identification Number (EIN) 25-0969438</p>	

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 LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	913634	170	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">5504</p>
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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 15222-1011

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5504	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	4	587921
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2472689

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) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 434875

c Additions: (1) Contributions deposited during the year	7c(1)	132373
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	11693
(4) Transferred from separate account.....	7c(4)	21113
(5) Other (specify below)	7c(5)	467970

▶ ROLLOVER, LOANS, FORFEITURES

(6) Total additions..... **7c(6)** 633149

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1068024

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12680
(2) Administration charge made by carrier	7e(2)	410
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	

(5) Total deductions..... **7e(5)** 13090

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1054934

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)
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)
(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)
(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 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 403B THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA	B Three-digit plan number (PN) ▶ 003
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C Plan sponsor's name as shown on line 2a of Form 5500 LIFESWORK OF WESTERN PA	D Employer Identification Number (EIN) 25-0969438
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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

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	205929215	1	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 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

(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.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	39623

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) individual policies (2) group deferred annuity
(3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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)
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)
(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)
(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.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan 403B THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 LIFESWORK OF WESTERN PA	D Employer Identification Number (EIN) 25-0969438	

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

FIDELITY MANAGEMENT & RESEARCH CO.	82 DEVONSHIRE STREET BOSTON, MA 02109
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP, INC.	100 VANGUARD BOULEVARD MALVERN, PA 19355
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(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
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENT MGMT	PO BOX 419200 KANSAS CITY, MO 64141-6786
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(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
WASHINGTON, DC 20009

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

MFS VARIABLE INSURANCE TRUST III

111 HUNTINGTON AVENUE
BOSTON, MA 02199

(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
SAN ANTONIO, TX 78256

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

NEUBERGER BERMAN BD LLC

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

GOLDMAN SACHS VARIABLE INSURANCE TR

200 WEST STREET
NEW YORK, NY 10282

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

DELAWARE FUNDS BY MACQUAIRE

PO BOX 9876
PROVIDENCE, RI 02940

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

MUTUAL OF AMERICA INVESTMENT CORP.

320 PARK AVENUE
NEW YORK, NY 10022

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

INVESCO

11 GREENWAY PLAZA, STE 2500
HUSTON, TX 77046

(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

(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?
37 65 12 15 37 65	INSURANCE CARRIER	2129	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 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>403B THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LIFESWORK OF WESTERN PA</u>	D Employer Identification Number (EIN) <u>25-0969438</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA2

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

c EIN-PN <u>13-1614399-003</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>2472689</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER AGGRESSIVE EQUITY

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN <u>13-5570651-000</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>6505</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LG CAP GRW MANAGED VOL

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN <u>13-5570651-000</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>6035</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/EQUITY 500 INDEX

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN <u>13-5570651-000</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>5205</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LG CAP VAL MANAGED VOL

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN <u>13-5570651-000</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>3177</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/JANUS ENTERPRISE

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN <u>13-5570651-000</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>4607</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/SMALL COMPANY INDEX

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN <u>13-5570651-000</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>3307</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL EQUITY INDEX

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1693
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INT CORE MANAGED VOL

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	789
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERMEDIATE GOVERNMENT BND

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1100
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a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER TECHNOLOGY

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4422
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/AMERICAN CENTRY MID CAP VAL

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2783
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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)	
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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)	
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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)	
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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)	
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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)	
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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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan 403B THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 LIFESWORK OF WESTERN PA	D Employer Identification Number (EIN) 25-0969438

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5115	4128
(2) Participant contributions	1b(2)	8994	8176
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2033776	2512312
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	434871	587921
(15) Other	1c(15)		

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	2482756	3112537
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2482756	3112537

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)	105651	
(B) Participants	2a(1)(B)	198378	
(C) Others (including rollovers)	2a(1)(C)	147323	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		451352
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	12647	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12647
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)	6041	
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		304193
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		774233

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	142181	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		142181
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)	2271	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2271
j Total expenses. Add all expense amounts in column (b) and enter total	2j		144452

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		629781
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: **SISTERSON & CO LLP**

(2) EIN: **25-1467156**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30885
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	350000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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>403B THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFESWORK OF WESTERN PA</u>	D Employer Identification Number (EIN) <u>25-0969438</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	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-3590259

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

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

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 LIFE'SWORK
OF WESTERN PA

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

Years ended June 30, 2024 and 2023

Sisterson & Co. LLP
501 Grant Street, Suite 450
Pittsburgh, PA 15219

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403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
403(b) Thrift Plan for Life'sWork of Western PA

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

We were engaged to perform audits of the financial statements of 403(b) Thrift Plan for Life'sWork of Western PA ("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 assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in 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 ("DOL") 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from Mutual of America Life Insurance Company and Equitable Financial Life Insurance Company, qualified institutions, as of and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

INDEPENDENT AUDITOR'S REPORT

(continued)

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 8 to the financial statements, the Plan has excluded from investments in the accompanying statements of assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

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

Our responsibility is to conduct an audit of the Plan in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the *Basis for Disclaimer of Opinion* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our audits.

INDEPENDENT AUDITOR'S REPORT

(continued)

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of delinquent contributions and assets held at end of year as of June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the DOL'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. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Sistersen & Co. LLP

April 14, 2025

403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS

	June 30,	
	<u>2024</u>	<u>2023</u>
Investments		
Investments, at fair value (Note 5)	\$ 2,512,312	\$ 2,033,776
Investment, at contract value (Note 6)	<u>587,921</u>	<u>434,871</u>
Total investments	<u>3,100,233</u>	<u>2,468,647</u>
Contributions receivable		
Contributions receivable from participants	8,176	8,994
Contributions receivable from employer	<u>4,128</u>	<u>5,115</u>
Total contributions receivable	<u>12,304</u>	<u>14,109</u>
Assets available for benefits	<u>\$ 3,112,537</u>	<u>\$ 2,482,756</u>

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

403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS

	Year ended June 30,	
	<u>2024</u>	<u>2023</u>
Additions to assets attributed to		
Investment income		
Net appreciation in fair value of investments	\$ 310,234	\$ 211,404
Interest	<u>12,647</u>	<u>8,361</u>
Contributions		
Participants	198,378	190,193
Employer	105,651	98,631
Rollovers (Note 1)	<u>147,323</u>	<u>17,934</u>
Total additions	<u>774,233</u>	<u>526,523</u>
Deductions from assets attributed to		
Benefits paid to participants	142,181	42,179
Administrative expenses and fees	<u>2,271</u>	<u>552</u>
Total deductions	<u>144,452</u>	<u>42,731</u>
Net additions to assets available for benefits	629,781	483,792
Assets available for benefits		
Beginning of year	<u>2,482,756</u>	<u>1,998,964</u>
End of year	<u>\$ 3,112,537</u>	<u>\$ 2,482,756</u>

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

403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - PLAN DESCRIPTION

The following description of the 403(b) Thrift Plan for Life'sWork of Western PA ("Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan is a contributory defined contribution plan established to provide retirement benefits for substantially all eligible employees of Life'sWork of Western PA ("Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

An employee becomes eligible to participate in the Plan beginning on date of hire. Nonresident aliens and employees who are contributing to another defined contribution plan sponsored by the Employer are excluded from the Plan. A person becomes eligible to make salary reduction contributions to the Plan upon becoming employed by the Employer. The Plan provides for automatic enrollment of employees into the Plan, unless the employee elects to opt-out of this provision. A participant becomes eligible to receive employer contributions upon completing one year of service and having at least 1,000 hours of service in that year, as well as attaining age 21.

Contributions

Participants may direct the Employer to contribute salary reduction contributions to the Plan, subject to overall limitations imposed by the Internal Revenue Code ("IRC"). As part of automatic enrollment described above, salary reduction contributions are calculated based upon 1% of the participant's compensation and increase at a rate of 1% each year, up to a maximum of 5%. Participants who have attained age 50 by the end of the Plan year are eligible under the IRC to make additional catch-up contributions (limited to \$7,500 for 2024 and 2023). These deferred salary contributions are reported as contributions from participants in the financial statements and may include either before tax contributions or designated Roth contributions. In addition, participants who receive qualified distributions from another qualified plan may be able to rollover such distributions into the Plan. Rollover contributions were \$147,323 and \$17,934 for the years ended June 30, 2024 and 2023, respectively.

Employer matching contributions are made for all eligible participants at an amount equal to 100% of the participant's salary reduction contribution, up to 5% of the participant's compensation, as defined in the Plan documents. These employer matching contributions are reported as contributions from employer in the financial statements.

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 1 - PLAN DESCRIPTION (continued)

Investment options

Participants direct all contributions into various investment options offered by the Plan under contracts with insurance companies. Under these contracts, contributions can be allocated among the insurance company's general account and a wide array of separate account investment funds (pooled separate accounts). Any contribution made on behalf of a participant for which no investment direction is in effect shall be allocated to the Mutual of America Life Insurance Company ("Mutual of America") retirement fund most reflective of the participant's age at the time of allocation, including contributions made under the automatic enrollment feature.

Participant accounts

Each participant's account is credited with the participant's deferred salary contributions, employer matching contributions, and an allocation of Plan earnings based on the investment options selected by the participant. Each participant's account is reduced by participant withdrawals, an allocation of any administrative expenses and fees paid by the Plan, and an allocation of Plan losses based on investment options selected by the participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their deferred salary contributions and employer matching contributions plus actual earnings thereon.

Plan loans

Loans issued to participants of the Plan are collateralized loans. There are no withdrawals of loan amounts from a participant's account nor are principal and interest payments applied towards a participant's account. Rather, the participant is borrowing from the Mutual of America and using their account balance as collateral. For a loan to be issued, the loan amount, plus a 20% reserve, must be placed into Mutual of America's General Account ("General Account"). This amount is then considered to be "in reserve" and cannot be withdrawn or transferred. As loan payments are applied, the "reserved" amount is reduced by the amount of the loan payment and can be withdrawn and/or transferred. These loans are not considered to be assets of the Plan.

403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 1 - PLAN DESCRIPTION (continued)

Plan loans (continued)

Loans are to be repaid over a period not to exceed five years, unless used to acquire a principal residence, and bear variable rates of interest between 4.21% - 5.85% and 3.25% - 4.60% as of June 30, 2024 and 2023, respectively. Additional conditions apply as specified in the Plan documents. In the event of default on repayment of the loan, the participant's individual account balance is reduced when benefits become payable by the amount of the outstanding loan including interest and reported as a taxable distribution. The amount of outstanding loans was \$20,032 and \$4,852 as of June 30, 2024 and 2023, respectively

Payment of benefits

Participants are entitled to withdraw from their vested account prior to retirement due to disability, death, hardship, or termination of employment. Upon reaching normal retirement age, participants may elect distributions from their accounts via single lump-sum cash payment or through an annuity benefit. A participant may withdraw amounts from balances accumulated from participant and rollover contributions upon attaining age 59½. Participants with accumulated balances of less than \$1,000 at their date of service termination shall receive a lump sum distributions of their vested balance.

Plan termination

Although it has not expressed any intention to do so, the Employer may terminate the Plan at any time, subject to the provisions of ERISA.

Administrative expenses and fees

The Employer may pay some Plan administration expenses with its own assets rather than using Plan assets. To the extent the Employer does not pay Plan expenses with its own assets, the Plan generally will pay the expenses of Plan administration and will assess the expenses paid against the accounts of all participants in the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

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

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of changes in assets during the reporting period. Actual results could differ from those estimates.

Investment valuation and income recognition

The Plan's investments in pooled separate accounts, valued at fair value, are tracked by participation units in sub-accounts, with each sub-account representing a mutual fund investment option offered by Mutual of America and Equitable Financial Life Insurance Company, the Plan's custodians. Each sub-account holds shares of a single underlying mutual fund, and the sub-accounts reinvest any mutual fund distributions received into additional shares of the underlying mutual fund. Thus, no distributions of dividends or interest are made to the participation unit holders. The participation unit values are adjusted daily by the custodians to reflect investment results based on the quoted market prices of the underlying mutual funds for the sub-accounts.

The Plan's investment in the Mutual of America Interest Accumulation Account is a fully benefit-responsive investment contract and is included in the financial statements at contract value. Contract value is the relevant measurement attribute for that portion of the assets available for benefits of a defined contribution plan attributable to fully-benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment transactions are accounted for on the trade date (date the order to buy or sell is executed). Interest income is recorded as earned. All gains and losses (realized and unrealized) on investments recorded at fair value, bought and sold as well as held during the year, are included in net appreciation in fair value of investments reported within the statements of changes in assets available for benefits. Gains, losses, and interest income incurred on investments reported at contract value are included in interest within the statements of changes in assets available for benefits.

The Plan provides for various investment options that are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of assets available for benefits.

403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payment of benefits

Benefit payments are recorded when paid.

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through April 14, 2025, the date on which the financial statements were available to be issued.

NOTE 3 - INCOME TAX STATUS

The Internal Revenue Service ("IRS") issued an Opinion Letter, dated March 31, 2017, to Mutual of America. The Opinion Letter affirms that the prototype 403(b) plan document submitted by Mutual of America is acceptable under IRS section 403(b) for use by eligible employers for the benefit of their employees. The Employer's most recent adoption agreement for the prototype 403(b) plan document was effective July 1, 2019. The Plan has been amended since this date. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified.

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 (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and have concluded that as of June 30, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes they are no longer subject to income tax examinations for periods prior to 2021.

NOTE 4 - CERTIFICATIONS

The investment information contained in the financial statements and schedule of assets held at end of year has been certified as accurate and complete by Mutual of America and Equitable Financial Life Insurance Company, the Plan's custodians.

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 5 - INVESTMENTS AND FAIR VALUE MEASUREMENT

The Plan provides participants the opportunity to direct both participant and employer contributions into separate investment funds. However, investment managers have the authority to make investment decisions within each fund.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I) and the lowest priority to unobservable inputs (Level III). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy are described as follows:

Level I – Quoted prices are available in active markets for identical investments as of the reporting date. The Plan does not hold any investments that are classified as Level I.

Level II – Pricing inputs are other than quoted market prices included within Level I, however, are observable, either directly or indirectly for the investment. The Plan does not hold any investments that are classified as Level II.

Level III – Pricing inputs are unobservable for the investment and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation. The Plan does not hold any investments that are classified as Level III.

Interests in pooled separate accounts are valued at the net asset value (“NAV”) of shares held by the Plan at year-end and are therefore excluded from the fair value hierarchy. Separate account funds invest in mutual funds and other funds managed by outside investment advisors. Investments held in the pooled 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 NAV per share as determined by investment managers under the “practical expedient.” The practical expedient allows NAV 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. The investment strategies of the underlying investment funds of the separate account include seeking capital appreciation and current income. 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 LIFE'SWORK OF WESTERN PA

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 5 - INVESTMENTS AND FAIR VALUE MEASUREMENT (continued)

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of June 30, 2024 and 2023. There are no participant redemption restrictions for these investments.

Description	June 30, 2024	June 30, 2023	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Pooled separate accounts	\$ 2,512,312	\$ 2,033,776	\$ --	Daily	None

NOTE 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a deposit contract with Mutual of America. Under the terms of the contract, a portion of the Plan assets are held in the General Account, which is made up mainly of fixed maturity securities. The General Account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Mutual of America. Mutual of America is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The contract, which is fully benefit responsive, is included in the financial statements at contract value. Contract value 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. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the insurance contract as of June 30, 2024 and 2023 was \$587,921 and \$434,871, respectively. Guaranteed interest rates vary under the contract, depending on when the contract was issued. For contracts issued before March 1, 2008, the guaranteed interest rate is 3.00%. For contracts issued after March 1, 2008, the guaranteed rates of interest in effect under this contract were 2.85% and 1.60% as of June 30, 2024 and 2023, respectively. Interest is compounded daily and is periodically adjusted by Mutual of America.

Mutual of America is responsible for maintaining the balances due to each of the eligible participants in the Plan. The 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. Mutual of America is also responsible for the proper payouts of benefits to eligible terminated employees per the terms of the Plan documents.

Certain events may limit the ability of the Plan to transact at contract value with the issuer, as defined in the contract. The Plan Administrator does not believe that the occurrence of any such event which would limit the Plan's ability to transact at contract value with participants is probable.

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 7 - RELATED PARTY TRANSACTIONS

The Plan has investments in shares of funds managed by Mutual of America Investment Corporation and Equitable Investment Management Group, LLC, affiliates of the Plan's custodians, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments in the statements of changes in assets available for benefits, since they are paid through revenue sharing, rather than a direct payment. Certain administrative functions are performed by employees of the Employer at no cost to the Plan.

NOTE 8 - EXCLUSION OF CONTRACTS

The Plan has excluded from the accompanying statements of assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's for purposes of ERISA's annual reporting requirements in accordance with the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable, as records maintained prior to January 1, 2009 were maintained at a contract level, not Plan level. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

NOTE 9 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During the Plan year ended June 30, 2024, a total of \$30,885 of contributions from participants were remitted to the Plan in an untimely manner. As of June 30, 2024, the Employer made corrective contributions to the Plan to reimburse the Plan, on behalf of the affected participants, for any lost earnings related to these late contributions and correct these prohibited transactions outside of the Voluntary Fiduciary Correction Program in the amount of \$16,066. The remaining \$14,819 of delinquent contributions are pending correction outside of the Voluntary Fiduciary Correction Program, and are expected to be corrected during the Plan year ending June 30, 2025.

SUPPLEMENTAL SCHEDULES

403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

June 30, 2024

Form 5500 Schedule H
Part IV, item 4a

EIN no. 25-0969438
Plan no. 003

Total that Constitutes Nonexempt Prohibited Transactions

<u>Participant contributions transferred late to Plan</u>	<u>Contributions not corrected</u>	<u>Contributions corrected outside of voluntary fiduciary correction program ("VFCP")</u>	<u>Contributions pending correction in VFCP</u>	<u>Total fully corrected under VFCP and PTE 2002-51</u>
\$ 30,885	\$ 14,819 *	\$ 16,066	\$ --	\$ --

* Amounts are expected to be corrected during the Plan year ending June 30, 2025.

See accompanying Independent Auditor's Report.

403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

SCHEDULE OF ASSETS HELD AT END OF YEARForm 5500 Schedule H
Part IV, item 4i

June 30, 2024

EIN no. 25-0969438
Plan no. 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
*	Mutual of America Investment Corporation	Mutual of America Interest Accumulation Account	\$ 587,921
*	Mutual of America Investment Corporation	Mutual of America Equity Index Fund	306,280
	The Vanguard Group, Inc.	Vanguard VIF Total Bond Market Index Portfolio	217,217
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2035 Fund	169,261
	T. Rowe Price	T. Rowe Price Blue Chip Growth Portfolio	136,098
*	Mutual of America Investment Corporation	Mutual of America Moderate Allocation Fund	131,580
*	Mutual of America Investment Corporation	Mutual of America Mid-Cap Equity Index Fund	111,993
*	Mutual of America Investment Corporation	Mutual of America Money Market Fund	102,833
*	Mutual of America Investment Corporation	Mutual of America Conservative Allocation Fund	102,118
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2050 Fund	101,127
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2020 Fund	98,555
	Fidelity Investments	Fidelity® VIP Equity-Income Portfolio	92,898
*	Mutual of America Investment Corporation	Vanguard VIF International Portfolio	83,319
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2030 Fund	82,500
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2045 Fund	69,908
	DWS Investments	DWS Capital Growth VIP	62,454
	The Vanguard Group, Inc.	Vanguard VIF Diversified Value Portfolio	62,412
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2025 Fund	54,037
*	Mutual of America Investment Corporation	Mutual of America Aggressive Allocation Fund	53,173
	Neuberger Berman	Neuberger Berman AMT Sustainable Equity Portfolio	45,867
	American Century Investment Management	American Century Investments® VP Capital Appreciation Fund	41,843
*	Mutual of America Investment Corporation	Mutual of America Balanced Fund	39,412
	Goldman Sachs	Goldman Sachs VIT US Equity Insights Fund	35,049
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2055 Fund	31,619
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2060 Fund	30,812
*	Mutual of America Investment Corporation	Mutual of America Small Cap Equity Index Fund	29,997
	The Vanguard Group, Inc.	Vanguard VIF Real Estate Index Portfolio	24,883
*	Mutual of America Investment Corporation	Mutual of America Small Cap Value Fund	18,353
*	Mutual of America Investment Corporation	Mutual of America Bond Fund	16,621
	Fidelity Investments	Fidelity® VIP Mid Cap Portfolio	16,505
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2065 Fund	16,024
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2040 Fund	15,482
	Fidelity Investments	Fidelity® VIP Asset Manager Portfolio	13,786
*	Mutual of America Investment Corporation	Mutual of America Small Cap Growth Fund	13,714
*	Mutual of America Investment Corporation	Mutual of America International Fund	10,259
*	Mutual of America Investment Corporation	Mutual of America Intermediate Bond Fund	9,746
*	Mutual of America Investment Corporation	Mutual of America Retirement Income Fund	8,557
	Fidelity Investments	Fidelity® VIP Contrafund® Portfolio	8,036
*	Mutual of America Investment Corporation	Mutual of America Mid Cap Value Fund	6,590
*	Equitable Investment Management Group, LLC	Multimanager Aggressive Equity	6,505
*	Equitable Investment Management Group, LLC	EQ/Lg Cap Grw Managed Vol	6,035
*	Equitable Investment Management Group, LLC	EQ/Equity 500 Index	5,205
*	Equitable Investment Management Group, LLC	EQ/Janus Enterprise	4,607
*	Equitable Investment Management Group, LLC	Multimanager Technology	4,422
*	Equitable Investment Management Group, LLC	EQ/Small Company Index	3,307
*	Equitable Investment Management Group, LLC	EQ/Lg Cap Val Managed Vol	3,177
*	Equitable Investment Management Group, LLC	EQ/American Centry Mid Cap Val	2,783
*	Equitable Investment Management Group, LLC	EQ/International Equity Index	1,693
*	Mutual of America Investment Corporation	Mutual of America VIP All America Portfolio	1,374
*	Equitable Investment Management Group, LLC	EQ/Intermediate Government Bond	1,100
*	Equitable Investment Management Group, LLC	EQ/Int Core Managed Vol	790

See accompanying Independent Auditor's Report.

403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

SCHEDULE OF ASSETS HELD AT END OF YEAR

(continued)

June 30, 2024

Form 5500 Schedule H
Part IV, item 4i

EIN no. 25-0969438
Plan no. 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2015 Fund	\$ 204
	Oppenheimer Funds, Inc.	Invesco V.I. Main Street Fund®	163
	Calvert Investment Management Inc.	Calvert VP SRI Balanced Portfolio	12
	American Funds	American Funds Insurance Series® New World Fund®	10
	PIMCO	PIMCO VIT Real Return Portfolio	7
	Total investments		<u>\$ 3,100,233</u>

* Represents party-in-interest to the Plan, as defined by ERISA.

Schedule prepared from data certified as complete and accurate by Plan custodians.

See accompanying Independent Auditor's Report.

403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

SCHEDULE OF ASSETS HELD AT END OF YEARForm 5500 Schedule H
Part IV, item 4i

June 30, 2024

EIN no. 25-0969438
Plan no. 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
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	T. Rowe Price	T. Rowe Price Blue Chip Growth Portfolio	136,098
*	Mutual of America Investment Corporation	Mutual of America Moderate Allocation Fund	131,580
*	Mutual of America Investment Corporation	Mutual of America Mid-Cap Equity Index Fund	111,993
*	Mutual of America Investment Corporation	Mutual of America Money Market Fund	102,833
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*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2050 Fund	101,127
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2020 Fund	98,555
	Fidelity Investments	Fidelity® VIP Equity-Income Portfolio	92,898
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*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2025 Fund	54,037
*	Mutual of America Investment Corporation	Mutual of America Aggressive Allocation Fund	53,173
	Neuberger Berman	Neuberger Berman AMT Sustainable Equity Portfolio	45,867
	American Century Investment Management	American Century Investments® VP Capital Appreciation Fund	41,843
*	Mutual of America Investment Corporation	Mutual of America Balanced Fund	39,412
	Goldman Sachs	Goldman Sachs VIT US Equity Insights Fund	35,049
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2055 Fund	31,619
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2060 Fund	30,812
*	Mutual of America Investment Corporation	Mutual of America Small Cap Equity Index Fund	29,997
	The Vanguard Group, Inc.	Vanguard VIF Real Estate Index Portfolio	24,883
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*	Mutual of America Investment Corporation	Mutual of America Intermediate Bond Fund	9,746
*	Mutual of America Investment Corporation	Mutual of America Retirement Income Fund	8,557
	Fidelity Investments	Fidelity® VIP Contrafund® Portfolio	8,036
*	Mutual of America Investment Corporation	Mutual of America Mid Cap Value Fund	6,590
*	Equitable Investment Management Group, LLC	Multimanager Aggressive Equity	6,505
*	Equitable Investment Management Group, LLC	EQ/Lg Cap Grw Managed Vol	6,035
*	Equitable Investment Management Group, LLC	EQ/Equity 500 Index	5,205
*	Equitable Investment Management Group, LLC	EQ/Janus Enterprise	4,607
*	Equitable Investment Management Group, LLC	Multimanager Technology	4,422
*	Equitable Investment Management Group, LLC	EQ/Small Company Index	3,307
*	Equitable Investment Management Group, LLC	EQ/Lg Cap Val Managed Vol	3,177
*	Equitable Investment Management Group, LLC	EQ/American Centry Mid Cap Val	2,783
*	Equitable Investment Management Group, LLC	EQ/International Equity Index	1,693
*	Mutual of America Investment Corporation	Mutual of America VIP All America Portfolio	1,374
*	Equitable Investment Management Group, LLC	EQ/Intermediate Government Bond	1,100
*	Equitable Investment Management Group, LLC	EQ/Int Core Managed Vol	790

See accompanying Independent Auditor's Report.

403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

SCHEDULE OF ASSETS HELD AT END OF YEAR

(continued)

June 30, 2024

Form 5500 Schedule H
Part IV, item 4i

EIN no. 25-0969438
Plan no. 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
*	Mutual of America Investment Corporation	Mutual of America Clear Passage 2015 Fund	\$ 204
	Oppenheimer Funds, Inc.	Invesco V.I. Main Street Fund®	163
	Calvert Investment Management Inc.	Calvert VP SRI Balanced Portfolio	12
	American Funds	American Funds Insurance Series® New World Fund®	10
	PIMCO	PIMCO VIT Real Return Portfolio	7
	Total investments		<u>\$ 3,100,233</u>

* Represents party-in-interest to the Plan, as defined by ERISA.

Schedule prepared from data certified as complete and accurate by Plan custodians.

See accompanying Independent Auditor's Report.

403(b) THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

June 30, 2024

Form 5500 Schedule H
Part IV, item 4a

EIN no. 25-0969438
Plan no. 003

Total that Constitutes Nonexempt Prohibited Transactions

<u>Participant contributions transferred late to Plan</u>	<u>Contributions not corrected</u>	<u>Contributions corrected outside of voluntary fiduciary correction program ("VFCP")</u>	<u>Contributions pending correction in VFCP</u>	<u>Total fully corrected under VFCP and PTE 2002-51</u>
\$ 30,885	\$ 14,819 *	\$ 16,066	\$ --	\$ --

* Amounts are expected to be corrected during the Plan year ending June 30, 2025.

See accompanying Independent Auditor's Report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

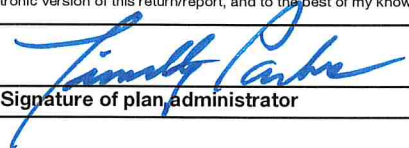
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
- the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan 403B THRIFT PLAN FOR LIFE'SWORK OF WESTERN PA	1b Three-digit plan number (PN) ▶	003
	1c Effective date of plan	07/26/1994
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) LIFESWORK OF WESTERN PA 2403 SIDNEY STREET, SUITE 500 PITTSBURGH PA 15203	2b Employer Identification Number (EIN)	25-0969438
	2c Plan Sponsor's telephone number	412-471-2600
	2d Business code (see instructions)	624310

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		<u>04-04-2025</u>	TIMOTHY PARKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728