

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC. 1b Three-digit plan number (PN) 001 1c Effective date of plan 11/01/1972 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) 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC. 1475 PARK AVE NEW YORK, NY 10029-3810 1475 PARK AVE NEW YORK, NY 10029-3810 2b Employer Identification Number (EIN) 13-1656679 2c Plan Sponsor's telephone number 212-426-3400 2d Business code (see instructions) 621420

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	297
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	297
	6a(2)	255
	6b	14
	6c	57
	6d	326
	6e	
	6f	326
	6g(1)	297
6g(2)	326	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2L

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information
pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

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

A Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.		D Employer Identification Number (EIN) 13-1656679

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
MASSACHUSETTS MUTUAL LIFE INSURANCE COMANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	EXT5465677EE	35		

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
---	--

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
MICHAEL A BOOK **90 PARK AVENUE**
FLOOR 17
NEW YORK, NY 10016-1373

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GEORGE R KOROGHLIAN **250 PEHLE AVENUE**
STE 405
SADDLE BROOK, NJ 07663-5832

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

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

WILLIAM MCQUAID

1050 CROWN POINTE PARKWAY
 STE 1800
 ATLANTA, GA 30338-7704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		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	

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	3127696
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1056482

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
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)**

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** 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 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.		D Employer Identification Number (EIN) 13-1656679

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
MASSACHUSETTS MUTUAL LIFE INSURANCE COMANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	A008366262	7		

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
---	--

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
MICHAEL A BOOK
90 PARK AVENUE
FLOOR 17
NEW YORK, NY 10016-1373

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		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	9311
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	265355

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
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)**

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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	D Employer Identification Number (EIN) 13-1656679

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

1 Coverage Information:

(a) Name of insurance carrier

MUTUAL OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	061141D	287	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 2237
---	---

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

NEW YORK CITY REGIONAL OFFICE **320 PARK AVENUE**
NEW YORK, NY 10022-6839

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2237	PORTION OF INCENTIVE COMP. PROGRAM	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	750736
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	8763481

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** 698788

c Additions: (1) Contributions deposited during the year	7c(1)	73968
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	15630
(4) Transferred from separate account.....	7c(4)	12598
(5) Other (specify below)	7c(5)	1208

▶ ROLLOVER, LOANS FORFEITURES

(6) Total additions..... **7c(6)** 103404

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 802192

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	51078
(2) Administration charge made by carrier	7e(2)	378
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions..... **7e(5)** 51456

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 750736

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

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

A Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	D Employer Identification Number (EIN) 13-1656679	

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

AMERICAN CENTURY INVESTMENTS	P. O. BOX 419200 4500 MAIN STREET KANSAS CITY, MO 64141
-------------------------------------	--

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

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

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

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

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

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

T ROW PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

MFS

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
BUILDING TWO
SAN ANTONIO, TX 78256

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

FIDELITY INVESTMENTS

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
STE 2500
NEW YORK, NY 10104

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

GOLDMAN SACHS

200 WEST STREET
STE 2500
NEW YORK, NY 10282

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

MUTUAL OF AMERICA

320 PARK AVENUE
NEW YORK, NY 10022

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

DWS

210 WEST 10TH STREET
KANSAS CITY, MO 64105

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

INVESCO

11 GREENWAY PLAZA
STE 2500
HOUSTON, TX 77046

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	INSURANCE CSARRIER	3876	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan <u>403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
---	---	------------

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.</u>	D Employer Identification Number (EIN) <u>13-1656679</u>
--	--

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

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

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

c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8763481</u>
---------------------------------------	-------------------------------	--

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

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN <u>04-1590350-001</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>265355</u>
---------------------------------------	-------------------------------	---

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

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN <u>04-1590950-001</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>1056482</u>
---------------------------------------	-------------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

<p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
---	--	--

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

<p>A Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.</p>	<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.</p>	<p>D Employer Identification Number (EIN) 13-1656679</p>

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	ROSA COBIAN	DATE OF LOAN WAS 06/15/2021 AND WAS PAYABLE MONTHLY FROM PAYCHECK

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2834	893	108	1942	1942	0

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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

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

A Name of plan <u>403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.</u>	D Employer Identification Number (EIN) <u>13-1656679</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(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)	11636	21349
(2) Participant contributions	1b(2)	18364	32675
(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)	8279800	10085318
(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)	3798014	3887742
(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	12107814	14027084
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12107814	14027084

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)	356920	
(B) Participants	2a(1)(B)	588415	
(C) Others (including rollovers)	2a(1)(C)	2516	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		947851
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)	16630	
(F) Other	2b(1)(F)	1257	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17887
(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)		0
(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)	302961	
(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)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		1130336
(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		2399035

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	475889	
(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)		475889
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)	3876	
(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)		3876
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		479765

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1919270
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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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"/>	483135
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 checked="" type="checkbox"/>	<input type="checkbox"/>	1941
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"/>	1000000
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 checked="" 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>403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.</u>	D Employer Identification Number (EIN) <u>13-1656679</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
---	----------	----------

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

EIN(s): 13-3590259 04-1590850

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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**403(b) Thrift Plan
of Northside Center
for Child Development, Inc.**

**Financial Statements
and ERISA-Required Supplemental Schedules
Years Ended June 30, 2024 and 2023**

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



**403(b) Thrift Plan
of Northside Center for Child Development, Inc.**

Financial Statements and ERISA-Required Supplemental Schedules
Years Ended June 30, 2024 and 2023

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Contents

Independent Auditor’s Report	3-4
Financial Statements	
Statements of Net Assets Available for Benefits as of June 30, 2024 and 2023	5
Statements of Changes in Net Assets Available for Benefits for the Years Ended June 30, 2024 and 2023	6
Notes to Financial Statements	7-13
ERISA-Required Supplemental Schedules	
Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions for the Year Ended June 30, 2024	15
Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2024	16-17



Independent Auditor's Report

The Plan Administrator
403(b) Thrift Plan of Northside Center for Child Development, Inc.
New York, New York

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

We were engaged to perform audits of the financial statements of the 403(b) Thrift Plan of Northside Center for Child Development, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of June 30, 2024 and 2023, and for the years then ended, 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* on the Financial Statements 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.

Basis for Disclaimer of Opinion

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, management has not maintained, and Massachusetts Mutual Life Insurance Company (Mass Mutual) did not provide, sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.



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 (GAAP), 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 within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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's financial statements in accordance with auditing standards generally accepted in the United States of America (GAAS) and to issue an auditor's report. However, because of the matter 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 relating to our audits.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions for the year ended June 30, 2024 and Schedule H (Form 5500), Line 4i - Schedule of 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 are 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 matter 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.

BDO USA, P.C.

April 14, 2025

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Statements of Net Assets Available for Benefits

<i>June 30,</i>	2024	2023
Assets		
Investments, at fair value:		
Pooled separate accounts	\$ 10,085,318	\$ 8,279,800
Guaranteed investment contracts	3,137,006	3,099,226
Investments, at contract value:		
Guaranteed annuity contracts	750,736	698,788
Total Investments	13,973,060	12,077,814
Receivables:		
Employer contributions	21,349	11,636
Participant contributions	32,675	18,364
Total Receivables	54,024	30,000
Net Assets Available for Benefits	\$ 14,027,084	\$ 12,107,814

See accompanying notes to financial statements.

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Statements of Changes in Net Assets Available for Benefits

<i>Year ended June 30,</i>	2024	2023
Additions		
Contributions:		
Employer	\$ 356,920	\$ 301,309
Participants	588,415	491,646
Rollovers	2,516	-
Total Contributions	947,851	792,955
Net investment income:		
Net appreciation in fair value of investments	1,449,927	986,559
Interest income	1,257	532
Total Investment Income	1,451,184	987,091
Total Additions	2,399,035	1,780,046
Deductions		
Benefits paid to participants and beneficiaries	475,889	558,711
Administrative expenses	3,876	1,242
Total Deductions	479,765	559,953
Net Increase	1,919,270	1,220,093
Net Assets Available for Benefits, beginning of year	12,107,814	10,887,721
Net Assets Available for Benefits, end of year	\$ 14,027,084	\$ 12,107,814

See accompanying notes to financial statements.

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Notes to Financial Statements

1. Description of the Plan

The following brief description of the 403(b) Thrift Plan of Northside Center for Child Development, Inc. (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan.

General

The Plan is a defined contribution plan covering all eligible employees of Northside Center for Child Development, Inc. and Northside Center for Child Development Day School (collectively the Plan Sponsor and/or the Employer), as defined in the Plan document. For purposes of making salary deferral contributions, eligible employees may enter the Plan immediately. To be eligible to receive the Employer matching contributions, the participant is required to perform one year of service and be 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

For the years ending June 30, 2024, and 2023, Mutual of America Life Insurance Company (Mutual of America) and Massachusetts Mutual Life Insurance Company (Mass Mutual) served as the custodians of the Plan assets. Prudential Retirement Insurance and Annuity Company (Prudential) was the custodian of the Plan assets only for the year ending June 30, 2023. As of the year ended June 30, 2023, the remaining Plan assets held with Prudential were fully liquidated and withdrawn by participants according to their respective vested balances.

Contributions

Each year, participants may elect to defer a portion of their annual earnings to the Plan. Participants who have attained age 50 before the end of the calendar year are eligible to make catch-up contributions. Rollover contributions are subject to the terms of the Plan and are fully vested and non-forfeitable.

The Employer provides a discretionary Employer matching contribution to eligible participants. During 2024 and 2023, the Employer matches 100% of participant contributions, not to exceed 5% of eligible compensation received during the Plan year. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Investment Options

All of the Plan's investment options are fully participant directed. Participants may direct the investment of their account balances into any of the Plan's available investment options.

Participant Accounts

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

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Notes to Financial Statements

Vesting

Participants are fully vested at all times in their elective deferrals and the Employer matching contributions, plus earnings thereon.

Contract Loans to Participants

Participants may borrow from Mutual of America or Mass Mutual and use their Plan account balance (invested in the pooled separate accounts or guaranteed annuity contracts) as collateral. The collateral must be equal to or exceed 120% of the loan, and payments on the loan are made outside of the Plan. Participants may borrow a minimum of \$1,000 up to a maximum of the lesser of one half of the vested account balance or \$50,000. The loans bear interest at a rate commensurate with local prevailing rates at the time funds are borrowed, as determined by Mutual of America or Mass Mutual. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. These loans are not considered assets of the Plan and therefore are not reported in the statements of net assets available for benefits. As of June 30, 2024 and 2023, the total outstanding contract loans collateralized by individual participant accounts were \$201,989 and \$212,253, respectively. As such, \$242,386 and \$254,704 as of June 30, 2024 and 2023, respectively, of account values serve as collateral for the related loans.

Payment of Benefits

On termination of service due to death, disability, retirement, or severance from employment, a participant is entitled to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments, or payments at will. Participants are entitled to retirement benefit payments beginning at the age of 65, based on the full value of their accounts at the normal retirement date. Participants will normally receive payment of their benefits, as soon as practicable, following their retirement date. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented under the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Prior to January 1, 2009, various accounting records and supporting documentation at the participant or Plan level relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009 were not sufficiently maintained by the Plan. As such, neither the Employer nor the custodian have been able to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As a result, the completeness and the accuracy of the annuity and custodial accounts, related investment income, and distributions related to these accounts, if any, could not be determined.

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Notes to Financial Statements

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities at the date of the financial statements. These estimates include fair values of investments. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The investments of the Plan (except for the fully benefit-responsive investment contracts) are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion on fair value measurements.

Fully benefit-responsive investment contracts are reported at contract value. Contract value, as reported to the Plan by Mutual of America and Prudential represents contributions made under the contracts plus earnings less participant withdrawals and administrative expenses. See Note 6 for a discussion on fully benefit-responsive contracts.

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

Contributions Receivable

Participant contributions and any related discretionary Employer matching contributions are recognized in the period during which the Company makes the respective payroll deduction from the participant's compensation as contributions. For any contributions not received by the Plan at year end they are included as contributions receivable in the statements of net assets available for benefits.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of benefit payments and general service charges are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments on the statements of changes in net assets available for benefits.

Benefit Payments

Benefit payments are recorded when paid.

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Notes to Financial Statements

3. Risks and Uncertainties

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

4. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments and notes receivable from participants held as of June 30, 2024 and 2023, and net appreciation in fair value of investments, interest, and interest income on notes receivable from participants for the years ended June 30, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Prudential (as of and for the year ended December 2023), Mass Mutual, and Mutual of America, qualified institutions.

5. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Notes to Financial Statements

Plan. Unobservable inputs are inputs that reflect the Plan's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

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

Pooled Separate Accounts - These accounts are valued at their accumulation unit value (AUV), which approximates fair value. The AUV is determined daily based on the net asset value (NAV) of shares of the underlying fund and the separate account charges (i.e., the daily asset charge). The NAV, as provided by Mutual of America, Mass Mutual, and Prudential, is used as a practical expedient to measure fair value. The underlying investments of the pooled separate accounts with Mutual of America, Mass Mutual, and Prudential consist of mutual funds, each of which follows separate investment strategies consistent with its investment style. The Plan's investments in the pooled separate accounts may be redeemed daily. There are no redemption fees or notice periods and no unfunded commitments.

Guaranteed Investment Contracts - Investments in non-fully benefit responsive investment contracts are reported at fair value, using the contract's exit price, which approximates contract value. The value of these investments equals the accumulated cash contributions and interest credited to the individual contracts less any withdrawals and expenses. Withdrawals from these investments are restricted. Participants may only withdraw in substantially equal amounts over a four-year period.

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

The following tables set forth, by level within the fair value hierarchy, assets at fair value:

June 30, 2024

	Level 1	Level 2	Level 3	Total
Guaranteed investment contracts	\$ -	\$ -	\$ 3,137,006	\$ 3,137,006
Total Investments Assets, in the fair value hierarchy	\$ -	\$ -	\$ 3,137,006	3,137,006
Pooled separate accounts, measured at NAV*				10,085,318
Total Investments, at fair value				\$ 13,222,324

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Notes to Financial Statements

June 30, 2023

	Level 1	Level 2	Level 3	Total
Guaranteed investment contracts	\$ -	\$ -	\$ 3,099,226	\$ 3,099,226
Total Investments Assets, in the fair value hierarchy	\$ -	\$ -	\$ 3,099,226	3,099,226
Pooled separate accounts, measured at NAV*				8,279,800
Total Investments, at fair value				\$ 11,379,026

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts included in this table are intended to permit reconciliation of the fair value hierarchy table to the amounts presented in the statements of net assets available for benefits.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

June 30, 2024

Fair Value, July 1	\$ 3,099,226
Sales	(53,938)
Interest income	91,718
Fair Value, June 30	\$ 3,137,006

6. Fully Benefit-Responsive Guaranteed Annuity Contracts

The Plan entered into fully benefit-responsive guaranteed annuity contracts with Mutual of America and Prudential. Mutual of America and Prudential maintain the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuers are contractually obligated to repay the principal and at a specified interest rate that is guaranteed to the Plan. Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) the establishment or activation of, or material change in, any Plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from Plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

The guaranteed investment contracts do not permit Mutual of America or Prudential to terminate the agreements prior to the scheduled maturity date.

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Notes to Financial Statements

7. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of the Plan termination, participants will remain 100% vested in their accounts.

8. Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by Prudential, Mass Mutual, and Mutual of America. Any purchases and sales of these funds qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions also qualify as exempt party-in-interest transactions under ERISA.

9. Late Remittances

During the years ended December 31, 2019 through 2022, the Company did not remit employee deferrals, totaling \$483,135, in a timely manner as required by Department of Labor regulations. These transactions constitute prohibited transactions, as defined by ERISA. In May 2024, the Company corrected late remittances in the amount of \$390,291 through the Voluntary Fiduciary Correction Program (VFCP) by contributing lost earnings of \$1,102 to the Plan. In April of 2025, the Company self-corrected the remaining late remittances in the amount of \$92,844, by contributing lost earnings of \$262.

10. Tax Status

The Plan adopted the volume-submitter plan document provided by Mutual of America. Mutual of America received an opinion letter dated March 31, 2017 from the IRS stating that the volume-submitter plan document is acceptable under Section 403(b) of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. Subsequently, the Plan has been amended. The Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC and, therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognizes a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

11. Subsequent Events

The Plan committee has evaluated the accompanying financial statements for subsequent events through April 14, 2025, the date the financial statements were made available to be issued. There were no subsequent events identified requiring disclosure or adjustment to the financial statements other than items disclosed in Note 9 above.

ERISA-Required Supplemental Schedules

403(b) Thrift Plan of Northside Center for Child Development, Inc.

**Schedule H (Form 5500), Line 4a -
Schedule of Delinquent Participant Contributions**

EIN: 13-1656679

Plan No.: 001

Year ended June 30, 2024

	Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
Check here if late participant loan repayments are included: <input type="checkbox"/>					
2022	\$ 49,716	\$ 198	\$ -	\$ -	\$ 49,518
2021	98,823	-	-	-	98,823
2020	141,625	-	-	-	141,625
2019	192,971	92,646	-	-	100,325

* Voluntary Fiduciary Correction Program (DOL)

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 13-1656679

Plan No.: 001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
Pooled Separate Accounts				
*	Mutual of America	Mutual of America Aggressive Allocation Fund	\$	29,853
*	Mutual of America	Mutual of America Conservative Allocation Fund		725
*	Mutual of America	Mutual of America Moderate Allocation Fund		9,459
*	Mutual of America	Mutual of America Core Bond Fund		46,925
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio		201,291
*	Mutual of America	Mutual of America Composite Fund		6,762
*	Mutual of America	Calvert VP SRI Balanced Portfolio		1,279
*	Mutual of America	Delaware VIP Small Cap Value Series		26,456
*	Mutual of America	Mutual of America Equity Index Fund		1,480,392
*	Mutual of America	Fidelity® VIP Mid Cap Portfolio		703,129
*	Mutual of America	Fidelity® VIP Asset Manager Portfolio		4,680
*	Mutual of America	Fidelity® VIP Contrafund® Portfolio		13,323
*	Mutual of America	Fidelity® VIP Equity-Income Portfolio		246,716
*	Mutual of America	Goldman Sachs VIT SM Cap Equity Insights Fund		1,142
*	Mutual of America	American Funds Insurance Series® New World Fund®		1,930
*	Mutual of America	Mutual of America Money Market Fund		3,281
*	Mutual of America	Mutual of America Mid-Term Bond Fund		3,977
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund		5,279
*	Mutual of America	Mutual of America Mid Cap Value Fund		29,327
*	Mutual of America	Invesco V.I. Main Street Fund®		33,325
*	Mutual of America	Mutual of America 2015 Retirement Fund		2,130
*	Mutual of America	Mutual of America 2020 Retirement Fund		1,415,268
*	Mutual of America	Mutual of America 2025 Retirement Fund		385,558
*	Mutual of America	Mutual of America 2030 Retirement Fund		332,126
*	Mutual of America	Mutual of America 2035 Retirement Fund		1,110,869
*	Mutual of America	Mutual of America 2040 Retirement Fund		372,718
*	Mutual of America	Mutual of America 2045 Retirement Fund		476,536
*	Mutual of America	Mutual of America 2050 Retirement Fund		514,742
*	Mutual of America	Mutual of America 2055 Retirement Fund		487,568
*	Mutual of America	Mutual of America 2060 Retirement Fund		166,579
*	Mutual of America	Mutual of America 2065 Retirement Fund		32,157
*	Mutual of America	Mutual of America Retirement Income Fund		263,197
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio		58,373
*	Mutual of America	PIMCO VIT Real Return Portfolio		1,359
*	Mutual of America	Mutual of America All America Fund		5,054
*	Mutual of America	Mutual of America Small Cap Equity Index		2,506
*	Mutual of America	DWS Capital Growth VIP		3,449
*	Mutual of America	Mutual of America Small Cap Growth Fund		5,301
*	Mutual of America	Mutual of America Small Cap Value Fund		3,050
*	Mutual of America	American Century Investments® VP Capital Appreciation Fund		61,730
*	Mutual of America	Vanguard VIF Diversified Value Portfolio		75,477
*	Mutual of America	Vanguard VIF International Portfolio		47,538
*	Mutual of America	Vanguard VIF Total Bond Market Index Portfolio		90,525
*	Mutual of America	Neuberger Berman AMT Sustainable Equity Portfolio		420
*	Mass Mutual	Fidelity VIP Contrafund		100,309
*	Mass Mutual	Invesco Opp V.I. Capital Appreciation		8,020
*	Mass Mutual	Invesco Opp V.I. Discovery Mid Cap Grwth		30,796
*	Mass Mutual	Invesco Opp V.I. Global		36,858

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 13-1656679 Plan No.: 001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
Pooled Separate Accounts				
(continued)				
*	Mass Mutual	Invesco Opp V.I. Global Strategic Income	\$	3,704
*	Mass Mutual	Invesco Opp V.I. Government Money		1,178
*	Mass Mutual	Invesco Opp V.I. International Growth		10,634
*	Mass Mutual	Invesco Opp V.I. Main Street		52,172
*	Mass Mutual	Invesco V.I. Technology		7,472
*	Mass Mutual	MML Balanced Allocation		26,468
*	Mass Mutual	MML Blend		43,366
*	Mass Mutual	MML Blue Chip Growth		57,462
*	Mass Mutual	MML Conservative Allocation		2,851
*	Mass Mutual	MML Equity		104,280
*	Mass Mutual	MML Equity Income		9,381
*	Mass Mutual	MML Equity Index		95,198
*	Mass Mutual	MML Foreign		3,506
*	Mass Mutual	MML Sustainable Equity		118,238
*	Mass Mutual	MML Growth Allocation		58,656
*	Mass Mutual	MML Inflation-Protected & Income		13,570
*	Mass Mutual	MML Large Cap Growth		11,042
*	Mass Mutual	MML Managed Bond		42,975
*	Mass Mutual	MML Mid Cap Growth		12,115
*	Mass Mutual	MML Mid Cap Value		1,779
*	Mass Mutual	MML Moderate Allocation		31,948
*	Mass Mutual	MML Small Cap Equity		65,254
*	Mass Mutual	MML Small Cap Growth		28,839
*	Mass Mutual	MML Small Co Value		5,189
*	Mass Mutual	MML Small/Mid Cap Value		8,129
*	Mass Mutual	MML Strategic Emerging Markets		2,083
*	Mass Mutual	Invesco Opp V.I. Discovery Mid Cap Growth		69,937
*	Mass Mutual	Invesco Opp V.I. Global		48,750
*	Mass Mutual	Invesco Opp V.I. Global Strategic Income		35,909
*	Mass Mutual	MML Blend		49,904
*	Mass Mutual	MML Equity		66,448
*	Mass Mutual	MML U.S. Government Money Market		54,041
*	Mass Mutual	MML U.S. Government Money Market		3,376
Total Pooled Separate Accounts				10,085,318
Guaranteed Investment Contracts				
*	Mass Mutual	Guaranteed Principal Account		54,278
*	Mass Mutual	Fixed Account (Artistry)		3,082,728
Total Guaranteed Investment Contracts				3,137,006
Guaranteed Annuity Contracts				
*	Mutual of America	Mutual of America Interest Accumulation		750,736
Total Guaranteed Annuity Contracts				750,736
Total Investments				\$ 13,973,060

* Represents a party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.



NORTHSIDE CENTER FOR CHILD DEVELOPMENT - Fund Summary

Begin date: Jun 30, 2023 End date: Jun 28, 2024

				End val	
057622	Var	Invesco Advisors	Invesco V.I. Discovery Mid Cap Growth	\$30,796.38	
			Invesco V.I. Global	\$36,858.08	
			Invesco V.I. Global Strategic Income	\$3,704.36	
		MassMutual	MML Blend	\$43,365.91	
			MML Equity	\$104,280.07	
			MML Managed Bond	\$42,974.96	
			MML U.S. Government Money Market	\$3,375.62	
	Fix	MassMutual	Guaranteed Principal Acct (Flex Extra)	\$9,310.52	
	N40273	Var	Fidelity	Fidelity VIP Contrafund	\$100,309.44
			Invesco Advisors	Invesco Opp V.I. International Growth	\$10,634.29
Invesco V.I. Capital Appreciation				\$8,020.15	
Invesco V.I. Discovery Mid Cap Growth				\$69,936.47	
Invesco V.I. Global				\$48,750.15	
Invesco V.I. Global Strategic Income				\$35,908.65	
Invesco V.I. Main Street				\$52,171.99	
Invesco V.I. Technology				\$7,472.24	
Invesco V.I. U.S. Government Money				\$1,177.82	
MassMutual				MML Balanced Allocation	\$26,468.46
				MML Blend	\$49,903.92
			MML Blue Chip Growth	\$57,462.38	
			MML Conservative Allocation	\$2,851.01	
			MML Equity	\$66,448.25	
			MML Equity Income	\$9,380.82	
			MML Equity Index	\$95,198.16	
			MML Foreign	\$3,506.24	
			MML Growth Allocation	\$58,656.05	
			MML Inflation-Protected & Income	\$13,570.37	
Loa			Loan	MML Large Cap Growth	\$11,042.27
				MML Mid Cap Growth	\$12,115.17
				MML Mid Cap Value	\$1,779.09
		MML Moderate Allocation		\$31,947.76	
		MML Small Cap Equity		\$65,253.91	
		MML Small Cap Growth Equity		\$28,839.42	
		MML Small Company Value		\$5,187.56	
		MML Small/Mid Cap Value		\$8,128.41	
		MML Strategic Emerging Markets		\$2,082.49	
		MML Sustainable Equity		\$118,237.85	
		MML U.S. Government Money Market		\$54,040.85	
Loa		Loan	Accum Loan Fund (Artistry)	\$0.00	
			Collateral Loan Fund (Artistry)	\$44,967.79	

	Fix	MassMutual	Fixed Account (Artistry)	\$2,930,332.17
			Fixed Account (Exchange) (Artistry)	\$152,395.97
Total				\$4,458,843.47

Run Date/Time: Dec 17, 2024 / 10:50:56 AM

Report Name : ANN090010 - TSA Plan Year Summary

User id : Sherrie Barrett



Retirement Services • Investments

Company Name: Northside Center for Child Development, Inc.

EIN: 13-1656679

Plan Number: 061141

SPD: 001

Summary of Saving and Investment Options for the Plan Year Ending June 30, 2024

FUND_NAME	Opening Bal	EE Contrib	ER Contrib	Rollovers	Fees	Other Activity	Fund Transfers	Loan Activity	Benefit Payments	GA Earnings	SA Earnings	Closing Bal
Mutual of America Interest Accumulation Account	698,787.98	40,107.65	33,859.89	0.00	-378.35	209.06	12,597.90	1,000.56	-51,078.39	15,630.06	0.00	750,736.36
DWS Capital Growth VIP	2,273.21	507.85	0.00	0.00	0.00	0.65	0.00	0.00	0.00	0.00	667.73	3,449.44
Fidelity VIP Equity-Income Portfolio	206,250.48	6,973.26	1,072.15	0.00	0.00	19.98	0.00	0.00	-1,123.09	0.00	33,523.67	246,716.45
Fidelity VIP Contrafund Portfolio	8,696.74	861.41	353.61	0.00	-34.00	2.12	0.00	0.00	0.00	0.00	3,443.47	13,323.35
Goldman Sachs VIT US Equity Insights Fund	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MoA All America Fund	4,235.62	281.68	142.34	0.00	0.00	1.88	0.00	0.00	-288.91	0.00	681.24	5,053.85
MoA Equity Index Fund	1,140,295.99	38,704.68	21,545.33	0.00	-108.00	60.58	5,334.11	0.00	-6,577.44	0.00	281,136.38	1,480,391.63
Neuberger Berman AMT Sustainable Equity Portfolio	0.00	406.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13.43	419.68
Invesco V.I. Main Street Fund	60,858.60	0.00	0.00	0.00	0.00	0.20	-13,955.00	0.00	-20,631.85	0.00	7,053.33	33,325.28
T. Rowe Price Blue Chip Growth Portfolio	150,183.19	7,466.94	3,785.62	0.00	0.00	-4.66	-13,725.78	0.00	-2,030.73	0.00	55,616.62	201,291.20
Vanguard VIF Diversified Value Portfolio	44,783.68	6,970.26	2,627.08	0.00	0.00	12.86	12,572.11	0.00	-1,861.92	0.00	10,372.69	75,476.76
American Century Investments VP Capital Appreciation Fund	50,686.42	1,688.01	687.07	0.00	0.00	4.89	0.00	0.00	0.00	0.00	8,663.27	61,729.66
Fidelity VIP Mid Cap Portfolio	585,640.36	16,825.82	6,569.21	0.00	0.00	30.59	-4,180.44	0.00	0.00	0.00	98,243.29	703,128.83
MoA Mid Cap Equity Index Fund	4,675.02	0.00	0.00	0.00	0.00	1.07	0.00	0.00	0.00	0.00	602.50	5,278.59
MoA Mid Cap Value Fund	28,834.81	326.07	36.72	0.00	0.00	2.02	0.00	0.00	-1,692.35	0.00	1,820.03	29,327.30
Delaware VIP Small Cap Value Series	23,931.58	0.00	0.00	0.00	0.00	1.43	0.00	0.00	0.00	0.00	2,523.17	26,456.18
Goldman Sachs VIT Small Cap Equity Insights Fund	1,226.79	822.33	506.95	0.00	0.00	-25.19	0.00	0.00	-1,754.68	0.00	365.76	1,141.96
MoA Small Cap Growth Fund	8,989.22	325.98	36.71	0.00	0.00	0.83	0.00	0.00	-4,113.01	0.00	61.29	5,301.02
MoA Small Cap Equity Index Fund	2,320.89	0.00	0.00	0.00	0.00	0.58	0.00	0.00	0.00	0.00	184.17	2,505.64
MoA Small Cap Value Fund	2,131.55	420.71	353.47	0.00	0.00	0.54	0.00	0.00	0.00	0.00	143.58	3,049.85
Victory RS Small Cap Growth Equity VIP Series	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MoA Core Bond Fund	45,648.99	429.42	429.42	0.00	0.00	8.57	0.00	0.00	-450.41	0.00	858.92	46,924.91
MoA Intermediate Bond Fund	4,600.65	0.00	0.00	0.00	0.00	0.88	0.00	0.00	-745.36	0.00	120.86	3,977.03
PIMCO VIT Real Return Portfolio	1,400.96	0.00	0.00	0.00	0.00	0.50	0.00	0.00	-78.70	0.00	36.38	1,359.14
Vanguard VIF Total Bond Market Index Portfolio	85,101.98	2,856.70	667.26	0.00	0.00	12.90	0.00	0.00	0.00	0.00	1,886.01	90,524.85
MoA Money Market Fund	3,272.78	550.00	550.00	0.00	-44.00	1.33	0.00	0.00	-1,212.06	0.00	163.07	3,281.12
American Funds Insurance Series New World Fund	1,051.58	353.61	353.61	0.00	0.00	0.32	0.00	0.00	0.00	0.00	170.51	1,929.63
MoA International Fund	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vanguard VIF International Portfolio	49,526.83	3,205.75	2,045.02	0.00	0.00	10.66	0.00	0.00	-9,897.87	0.00	2,647.65	47,538.04

Vanguard VIF Real Estate Index Portfolio	71,622.14	5,099.12	2,777.74	0.00	0.00	13.58	0.00	0.00	-21,105.84	0.00	-34.04	58,372.70
Calvert VP SRI Balanced Portfolio	891.85	469.54	237.29	0.00	0.00	1.20	0.00	0.00	-480.71	0.00	159.76	1,278.93
Fidelity VIP Asset Manager Portfolio	3,308.79	1,614.79	651.13	0.00	-33.39	-27.19	0.00	0.00	-1,281.61	0.00	447.23	4,679.75
MoA Aggressive Allocation Fund	25,244.30	1,302.86	968.76	0.00	0.00	-24.73	0.00	0.00	-1,339.22	0.00	3,701.07	29,853.04
MoA Balanced Fund	2,118.09	3,183.50	953.58	0.00	-14.41	1.14	0.00	0.00	-191.52	0.00	712.08	6,762.46
MoA Conservative Allocation Fund	681.34	0.00	0.00	0.00	-15.54	0.00	0.00	0.00	0.00	0.00	59.18	724.98
MoA Moderate Allocation Fund	6,048.05	1,221.77	1,221.77	0.00	0.00	1.00	0.00	0.00	0.00	0.00	965.94	9,458.53
MoA Retirement Income Fund	241,069.84	1,669.79	1,538.54	0.00	-61.41	30.39	0.00	0.00	-28.74	0.00	18,978.78	263,197.19
MoA Clear Passage 2015 Fund	1,523.70	227.98	227.98	0.00	0.00	0.40	0.00	0.00	0.00	0.00	150.29	2,130.35
MoA Clear Passage 2020 Fund	1,236,234.70	52,811.74	21,681.43	0.00	-26.00	152.75	0.00	0.00	-9,000.00	0.00	113,413.07	1,415,267.69
MoA Clear Passage 2025 Fund	326,906.20	30,612.92	11,785.62	0.00	-92.00	123.96	0.00	0.00	-19,917.09	0.00	36,138.31	385,557.92
MoA Clear Passage 2030 Fund	212,134.30	56,166.64	37,599.46	0.00	-340.09	81.19	0.00	0.00	-6,896.02	0.00	33,380.10	332,125.58
MoA Clear Passage 2035 Fund	869,778.73	70,292.28	37,681.65	0.00	-192.81	148.32	0.00	0.00	-972.77	0.00	134,134.08	1,110,869.48
MoA Clear Passage 2040 Fund	293,396.04	33,874.31	28,905.89	0.00	-239.84	104.24	-1,431.00	0.00	-30,612.65	0.00	48,720.52	372,717.51
MoA Clear Passage 2045 Fund	350,255.76	48,109.08	32,113.77	0.00	-269.60	111.06	4,137.56	0.00	-23,545.97	0.00	65,624.31	476,535.97
MoA Clear Passage 2050 Fund	373,679.89	40,297.20	31,412.46	0.00	-581.10	9.24	-140.43	0.00	0.00	0.00	70,065.13	514,742.39
MoA Clear Passage 2055 Fund	343,116.47	51,071.24	34,308.65	0.00	-821.29	138.21	-1,372.24	0.00	-5,443.82	0.00	66,570.56	487,567.78
MoA Clear Passage 2060 Fund	98,672.60	35,358.98	20,625.24	0.00	-475.79	33.73	0.00	0.00	-10,304.43	0.00	22,669.01	166,579.34
MoA Clear Passage 2065 Fund	8,677.00	10,635.95	6,894.09	2,516.27	-148.46	4.12	163.21	0.00	-67.14	0.00	3,481.87	32,156.91
Total	7,680,765.69	574,104.07	347,206.51	2,516.27	-3,876.08	1,257.20	0.00	1,000.56	-234,724.30	15,630.06	1,130,336.27	9,514,216.25

Mutual of America Life Insurance Company is a qualified institution described in 29 CFR 2520.103-8 that is eligible to prepare and certify financial information in connection with an ERISA Section 103(a)(3) (C) audit, to the extent elected by the plan sponsor. Mutual of America Life Insurance Company hereby certifies that the foregoing statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Dennis McManus

Senior Vice President
Head of Recordkeeping Services
tf: 800.468.3785