

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 09/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA
2b Employer Identification Number (EIN): 23-1649434
2c Plan Sponsor's telephone number: 570-963-6836
2d Business code (see instructions): 813000

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

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

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.

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	

<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	298
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	212
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	274
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	10
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	80
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	364
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	364
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	280
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	301
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	13

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2G 2F 3D 2J 2K 2S 2T

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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 checked="" type="checkbox"/> Trust	(3) <input checked="" 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   2
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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

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**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 \_\_\_\_\_

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**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 **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1649434</b>

**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  
**THE PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-1050034</b>	<b>93629</b>	<b>004481</b>	<b>0</b>	<b>09/01/2023</b>	<b>03/01/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	0

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	8249041
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	0
	<b>7c(3)</b>	109734
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	109734
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	8358775
<b>e</b> Deductions:		
	<b>7e(1)</b>	8356851
	<b>7e(2)</b>	1746
	<b>7e(3)</b>	
	<b>7e(4)</b>	178
(5) Total deductions .....	<b>7e(5)</b>	8358775
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	0

▶ ROLLOVER, LOANS, FORFEITURES

**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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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 **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1649434</b>

**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  
**THE PRUDENTIAL INSURANCE COMPANY OF AMERICA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>22-1211670</b>	<b>68241</b>	<b>524261-01</b>	<b>14</b>	<b>02/03/2024</b>	<b>08/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	0
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	819839

**6** Contracts With Allocated Funds:

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

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

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

**b** Balance at the end of the previous year ..... **7b** 0

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 0

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	

(5) Total deductions ..... **7e(5)** 0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

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

**9** Experience-rated contracts:

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

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1649434</b>	

**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

<b>AMERICAN FUNDS</b>	<b>333 SOUTH HOPE STREET LOS ANGELES, CA 90071-1406</b>
-----------------------	---

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

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

<b>CALVERT RESEARCH AND MANAGEMENT</b>	<b>1825 CONNECTICUT AVENUE NW SUITE 400 WASHINGTON, DC 20009</b>
--	--

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

<b>DELAWARE FUNDS BY MACQUARIE</b>	<b>PO BOX 9876 PROVIDENCE, RI 02940</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DODGE AND COX  
555 CALIFORNIA STREET  
40TH FLOOR  
SAN FRANCISCO, CA 94104

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

EMPOWER ANNUITY INSURANCE COMPANY  
8515 E ORCHARD RD  
GREENWOOD VILLAGE, CO 80201

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

MFS  
111 HUNTINGTON AVENUE  
BOSTON, MA 02199

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

MID ATLANTIC TRUST COMPANY  
1251 WATERFRONT PLACE STE 525  
PITTSBURGH, PA 15222

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

MUTUAL OF AMERICA  
320 PARK AVE  
NEW YORK, NY 10022

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**(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

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

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

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

T. ROWE PRICE  
100 EAST PRATT STREET  
BALTIMORE, MD 21202

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**(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

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

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**(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 SEC. CORP LLC

320 PARK AVENUE  
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 49 57	RECORD KEEPER	28787	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)

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

(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?
64 50	RECORDKEEPER	3905	Yes <input type="checkbox"/> No <input checked="" 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)

WILSHIRE ASSOCIATES INC.

1299 OCEAN AVENUE  
SUITE 700  
SANTA MONICA, CA 90401

(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?
31	FIDUCIARY ADVISOR	3861	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"/>

**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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	169	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)

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60	INVESTMENT MANAGER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

<b>A</b> Name of plan <u>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA</u>	<b>D</b> Employer Identification Number (EIN) <u>23-1649434</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MED PSF PGIM TOT RET BOND PORTFOLIO

**b** Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

<b>c</b> EIN-PN <u>22-1211670-083</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>86601</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM JENNISON BLEND PORT

**b** Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

<b>c</b> EIN-PN <u>22-1211670-069</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25194</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PRU GLOBAL PORT

**b** Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

<b>c</b> EIN-PN <u>22-1211670-071</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49054</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM GOV'T INCOME PORT

**b** Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

<b>c</b> EIN-PN <u>22-1211670-084</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22161</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM FLEXIBLE MANAGED PO

**b** Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

<b>c</b> EIN-PN <u>22-1211670-086</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>365264</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM 50/50 BALANCE PORT

**b** Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

<b>c</b> EIN-PN <u>22-1211670-087</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68710</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM GOV MMKT PORTFOLIO

**b** Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.

<b>c</b> EIN-PN <u>22-1211670-025</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>927</u>
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF STOCK IDX PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.		
<b>c</b> EIN-PN 22-1211670-070	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 194016
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PRUDENTIAL CAP GROWTH ACCOUN		
<b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL INS CO.		
<b>c</b> EIN-PN 22-1211670-005	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7912
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1649434</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	988	3054
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	6917	5377
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	753419	819839
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	4740333	9642645
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	8249041	0
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)	0	0
(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	13750698	10470915
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	13750698	10470915

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	309365	
(B) Participants .....	2a(1)(B)	354772	
(C) Others (including rollovers) .....	2a(1)(C)	52888	
(2) Noncash contributions .....	2a(2)	0	717025
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	0	
(B) U.S. Government securities .....	2b(1)(B)	0	
(C) Corporate debt instruments .....	2b(1)(C)	0	
(D) Loans (other than to participants) .....	2b(1)(D)	0	
(E) Participant loans .....	2b(1)(E)	322	
(F) Other .....	2b(1)(F)	109734	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		110056
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)	0	
(B) Common stock .....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	254649	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		254649
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		137277
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		823774
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2042781

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5277488	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	0	
(3) Other.....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5277488
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	1980	
(3) Recordkeeping fees.....	<b>2i(3)</b>	39235	
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	3861	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		45076
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5322564

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-3279783
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **ROBERT ROSSI & CO**

(2) EIN: **23-2385520**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		575000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

<b>A</b> Name of plan <u>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA</u>	<b>D</b> Employer Identification Number (EIN) <u>23-1649434</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>27-3169253</u> <u>87-2909830</u> <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>35</u>

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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) .....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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) .....	<b>14a</b>	
<b>b</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) .....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 02 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number J502244A.

**AGENCY FOR COMMUNITY EMPOWERMENT  
OF NEPA 403(b) PLAN  
INDEPENDENT AUDITORS' REPORT  
AUGUST 31, 2024 and 2023**

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(b) PLAN  
INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

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INDEPENDENT AUDITORS' REPORT

June 13, 2025

Plan Administrator of the  
Agency for Community EmPOWERment of NEPA 403(b) Plan

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

We have performed audits of the accompanying financial statements of the Agency for Community EmPOWERment of NEPA 403(b) Plan an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of August 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Agency for Community EmPOWERment of NEPA 403(b) Plan, financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended August 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

## Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Agency for Community EmPOWERment of NEPA 403(b) Plan, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Agency for Community EmPOWERment of NEPA 403(b) Plan's, ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Agency for Community EmPOWERment of NEPA 403(b) Plan's, internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Agency for Community EmPOWERment of NEPA 403(b) Plan's, ability to continue as a going concern for a reasonable period of time.

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

## **Auditors' Responsibilities for the Audit of the Financial Statements (Continued)**

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

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

## **Supplemental Schedules Required by ERISA**

The supplemental schedules of Schedules of Assets (Held at End of Year) and Schedules of Reportable Transactions as of or for the year ended August 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by qualified institutions agree to or is derived from, in all material respects, the information prepared and certified by the institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(b) PLAN  
 STATEMENTS OF NET ASSETS  
 AVAILABLE FOR PLAN BENEFITS

	AUGUST 31,	
	2024	2023
ASSETS:		
INVESTMENTS:		
Cash & Cash Equivalents	\$ 3,055	\$ 988
Investments at Fair Value	10,462,483	5,493,752
Investments at Contract Value	0	8,249,041
TOTAL INVESTMENTS	\$ 10,465,538	\$ 13,743,781
RECEIVABLES:		
Contributions Receivable	\$ 25,403	\$ 4,454
Notes Receivable from Participants	5,377	6,917
TOTAL RECEIVABLES	\$ 30,780	\$ 11,371
TOTAL ASSETS	\$ 10,496,318	\$ 13,755,152
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ 10,496,318	\$ 13,755,152

"See accompanying notes and independent auditors' report.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(b) PLAN  
STATEMENTS OF CHANGES IN NET ASSETS  
AVAILABLE FOR PLAN BENEFITS

	FOR THE YEAR ENDED AUGUST 31,	
	2024	2023
ADDITIONS		
Contributions:		
Employers' Discretionary Contribution	\$ 316,589	\$ 244,811
Employers' Other Contribution	0	7,446
Participants' Contribution	368,497	274,271
Participants' Rollover Contribution	52,888	5,804
Other Income	0	474
Total Contributions	\$ 737,974	\$ 532,806
Investment Income:		
Interest Income	\$ 109,734	\$ 327,603
Dividend Income	254,649	82,557
Net Appreciation in Fair Value of Investments	961,051	424,331
Total Investment Income	\$ 1,325,434	\$ 834,491
Interest Income-Participant Loans	\$ 322	\$ 417
TOTAL ADDITIONS	\$ 2,063,730	\$ 1,367,714
DEDUCTIONS		
Retirement Benefits	\$ 5,277,488	\$ 1,040,973
Administrative Expense	45,076	23,443
TOTAL DEDUCTIONS	\$ 5,322,564	\$ 1,064,416
NET (DEDUCTIONS) ADDITIONS	\$ (3,258,834)	\$ 303,298
Net Assets Available for Plan Benefits, Beginning of Year	13,755,152	13,451,854
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	\$ 10,496,318	\$ 13,755,152

"See accompanying notes and independent auditors' report.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 1           Description of the Plan

Effective September 1, 1982, the Scranton Lackawanna Human Development Agency, Inc. ("Sponsor"), a non-profit corporation organized and existing under the laws of the Commonwealth of Pennsylvania, adopted a retirement plan known as the Scranton Lackawanna Human Development Agency, Inc. 403(b) Plan ("Plan"). The Plan was amended and restated effective July 1, 2022, to change its name to Agency for Community EMPOWERment of NEPA 403(b) Plan ("Plan"). The Sponsor is the administrator of the Plan and determines the appropriateness of its Plan's investment offering, monitors investment performance and reviews with the Plan's insurance company. The Plan is a defined contribution plan under section 403(b) of the Internal Revenue Code which covers substantially all employees and provides for retirement, disability, and death benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On August 8, 2021, the Plan was amended to implement hardship distribution Provisions of the Bi Partisan Budget Act of 2018. This amendment was effective September 1, 2021.

Effective September 1, 2021 the Plan was amended and restated and an additional trustee and custodian, (Mid Atlantic Trust Company), new administrator and record keeper (Mutual of America Life Insurance Company) were appointed. Effective September 1, 2021, all contributions were remitted to Plan investments held by Mid Atlantic Trust Company.

The Plan provides that a participant may elect to defer a specific percentage of their annual compensation not to exceed \$22,500 effective January 1, 2023, and \$23,000 effective January 1, 2024. For participants ages 50 or older, the annual compensation adjusted annually for the cost-of-living changes is not to exceed \$30,000 effective January 1, 2023, and \$30,500 effective January 1, 2024. The Plan provides for both pre-tax and Roth deferrals. Participants may also contribute amounts representing distribution from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The September 1, 2021 Restatement added an Automatic Deferral provision, effective September 1, 2021, for new participants at a fixed percentage of 2%, unless the participant opts out. Effective July 1, 2023, the Plan was further amended to expand the automatic deferral provision to all participants that do not have an existing salary reduction agreement. In addition the July 1, 2023 amendment increased the fixed percentage to 3%. The sponsor's discretionary match is equal to 100% of the tax-deferred contributions made by the participant up to 7.0% of the participants eligible compensation. Each participant's account is credited with the participant's contribution, employer matching contribution, Plan earnings (losses), and charged with an allocation of applicable administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as applicable and defined. The benefit to which a participant is entitled is the benefit that can be provided from the participants vested account.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 1      Description of the Plan (Continued)

Participants are immediately 100% vested in employee contributions, employee rollover, and qualified nonelective contributions. In addition, participants are 100% vested in employer matching contributions prior to September 1, 2021. Effective September 1, 2021, attributable matching contributions are not 100% vested until 3 years of service.

Participants may borrow on their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 not to exceed 50% of participant's vested interest in their account balance. The loans are secured by the balance in the participant's account and bear an interest rate of prime plus 1%. Principal and interest is paid ratably by the participant directly to Mid Atlantic Trust Company (MATC) through quarterly coupon payments. Effective September 1, 2021, the Plan no longer allows new participant loans.

Forfeitures were \$20,075 and \$3,454 during the years ended August 31, 2024 and 2023, respectively. The forfeiture balance on August 31, 2024 and 2023 respectively is \$2,324 and \$3,712 and shall reduce future employer contributions or be applied against Plan expenses. Employer contributions; were reduced by \$21,869 and \$0 for Plan years ending August 31, 2024 and 2023, respectively.

A more detailed explanation of the Plan, including but not limited to eligibility, allocation, loan, and benefit provisions, is provided in the Agency for Community EmPOWERment of NEPA 403(b) Plan.

Note 2      Summary of Significant Accounting Policies

**Basis of Accounting:** The financial statements of the plan are prepared using the accrual basis of accounting.

**Investment Contract with Insurance Companies:** Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 5 for discussion of the Investment Contract.

**Investment Valuation and Income Recognition:** The Plan's investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair Value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan's Management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. The pooled separate accounts are valued at their unit value as determined by Empower Trust Company, LLC (ETC) and Prudential Bank and Trust, FSB Company ("Prudential"). The mutual funds are valued at their unit value as determined by Mid Atlantic Trust Company ("MATC"). See Note 6 for discussion of Fair Value Measurements.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 2      Summary of Significant Accounting Policies (Continued)

**Interest Income:** Interest Income is recorded in the Guaranteed Interest Account and loan amounts on an accrual basis.

**Dividend Income:** Dividend Income is recorded based on the ex-dividend date and is reported by Mid Atlantic Trust Company (MATC).

**Net Appreciation/(Depreciation) in Fair Value of Investments:** Dividends, realized and unrealized gains for the underlying funds are factored into the value of the pooled separate accounts and mutual funds reported by Empower Trust Company, LLC (ETC) and MATC.

**Employers' Discretionary Contributions:** Discretionary Matching contributions are made and are based upon amounts computed throughout the year. In addition, the Sponsor may elect to pay administrative expenses associated with the plan but is not required to do so.

**Notes Receivable from Participants:** Are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of August 31, 2024, and 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments as described by the Plan, the participant's loan is considered a deemed distribution to the participant. When the plan administrator considers the participant loan to be in default, the loan balance is reduced, and its delinquent participant note receivables is recorded as a benefit payment in accordance with the Plan's provisions.

**Use of Estimates:** The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent asset and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**Payment of Benefits:** Benefits are recorded when paid.

**Administrative Expenses:** Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

**Date of Management Review:** Pursuant to FASB ASC 855, the Plan Administrator has evaluated subsequent events through June 13, 2025, the date which the financial statements were available to be issued.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 3 ERISA Section 103(a)(3)(c)– Certification of Investments

Certain information related to the investments at fair value and at contract value and note receivables from participants disclosed in the accompanying financial statements and supplemental schedules, including investments held at August 31, 2024 and 2023 and net appreciation in fair value of investments interest, and dividends for the year ended August 31, 2024 and 2023, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Mid Atlantic Trust Company (MATC) , Empower Trust Company, LLC (ETC), and Empower Annuity Insurance Company (EAIC).

On October 3, 2022, Prudential Retirement Insurance and Annuity Company (PRIAC) was renamed Empower Annuity Insurance Company (EAIC).

Note 4 Non-Participant Directed Investments

The following presents the change in net assets for Non-Participant Directed Investments at August 31, 2024:

Participant Loans Advanced	\$	0
Participant Loans Repaid		(1,540)
Participant Loans Defaulted		0
Participant Loans Offset Prior Default		0
Participant Loans Deemed Distributors		0
Interest Income From Participants Loans		322
Transfers to Participant Directed Investments		(322)
	<u>\$</u>	<u>(1,540)</u>

Note 5 Investment Contract with Insurance Company

The Plan entered into a benefit-responsive investment contract with EAIC, formerly PRIAC, effective September 1, 1982. The Insurance Company maintains the contributions in a general fixed account. The accounts are credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specific interest that is guaranteed to the Plan.

As described in Note 2, because the investment contract agreement is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits attributable to the investment contract. Contract value, as reported to the Plan by the Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 5            Investment Contract with Insurance Company (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The credit rates are established without the use of a specific formula. The annual effective interest crediting rates are announced in advance and can never be less than the minimum rate of 4.0%. The contract value of the investment contract on August 31, 2024 and 2023 was \$0 and \$8,249,041, respectively.

Generally, there are no events that could limit the ability of the Plan to transact at contract value paid within 90 days. A plan sponsor-initiated termination of the contract is an event that could limit the ability of the plan to transact at Contract Value paid within 90 days. In this instance, Contract Value could be paid overtime, or at the plan sponsor's discretion, paid over at most a one-year period after the application of market value adjustments.

Note 6            Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1), and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available. No Level 2 or 3 inputs were available to the Plan.

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 maximize the use of relevant observable inputs and minimize the use of unobservable points.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used on August 31, 2024 and 2023.

Registered Investment Companies (Mutual Funds): Are valued based on quoted net asset values of the shares held by the Plan at year-end. The mutual funds held by the Plan are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 6 Fair Value Measurements (Continued)

Pooled Separate Accounts: Are valued based on a "Unit of Account" with a value per unit based on the accumulation values of the underlying investments. Fair value is based on the Net Asset Value (NAV) of the units held in the underlying investments.

The following tables set forth, by level within the Fair Value hierarchy, the Plan's investing at Fair Value as of August 31, 2024 and 2023:

	Fair Value Measurements at Reporting Date Using:	
	Fair Value	Quoted Prices In Active Markets For Identical Assets (Level 1)
<u>August 31, 2024</u>		
Mid Atlantic Trust Company (MATC):		
Registered Investment Companies (Mutual Funds)	\$ 9,642,644	\$ 9,642,644
Empower Trust Company, LLC (ETC)		
Investments Measured at NAV*:		
Pooled Separate Accounts	819,839	
Total Investments at Fair Value	\$ 10,462,483	\$ 9,642,644
<u>August 31, 2023</u>		
Mid Atlantic Trust Company (MATC):		
Registered Investment Companies (Mutual Funds)	\$ 4,740,332	\$ 4,740,332
Prudential Retirement Insurance and Annuity Company		
Investments Measured at NAV*:		
Pooled Separate Accounts	753,420	
Total Investments at Fair Value	\$ 5,493,752	\$ 4,740,332

\*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 presented in this footnote are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 6 Fair Value Measurements (Continued)

Fair Value of Investments in Entities that use NAV:

The following table summarizes investments measured at fair value based on net asset value per share as of August 31, 2024 and 2023, respectively:

2024				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts	\$ <u>819,839</u>	None	Daily	None
2023				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts	\$ <u>753,420</u>	None	Daily	None

Note 7 Related Party Transactions

The Plan's investments are maintained with ETC, EAIC, PRIAC and MATC as described in Note 5 and Note 6. They are considered a party-in-interest therefore, transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing. ETC charged administrative expenses in the amount of \$3,909 and \$2,393 for the plan year ending August 31, 2024, and 2023, respectively. MATC charged administrative expenses in the amount of \$41,167 and \$20,850 for the plan year ending August 31, 2024 and 2023, respectively.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 8 Risks and Uncertainties

The Plan invests in various investments through ETC, EAIC, PRIAC and MATC. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(B) PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 9      Reconciliation of Financial Statements to Schedules H of Form 5500

Agency of Community EmPOWERment of NEPA 403(b) Plan financial statements are prepared using the accrual basis of accounting, while the tax return is prepared using the cash basis of accounting, therefore timing differences exist. The following is a reconciliation of net assets available for benefits per the financial statements at August 31, 2024, and 2023 to Schedules H of Form 5500:

	<u>August 31, 2024</u>	<u>August 31, 2023</u>
Net Assets Available for Plan Benefits		
Per the Financial Statements	\$ 10,496,318	\$ 13,755,152
Contribution Receivable	(25,403)	(4,454)
Schedules H, Part I, Line 1.I. to the Form 5500	<u>\$ 10,470,915</u>	<u>\$ 13,750,698</u>

The following is a reconciliation of income per the financial statements at August 31, 2024 and 2023 to Schedules H Form 5500:

	<u>August 31, 2024</u>	<u>August 31, 2023</u>
Total Additions Available for Plan Benefits		
per the Financial Statements	\$ 2,063,730	\$ 1,367,714
Contribution Accrued – Prior Year	4,454	4,198
Contribution Accrued - Current Year	(25,403)	(4,454)
Total Income per Schedules H Part II, Line 2.d. of Form 5500	<u>\$ 2,042,781</u>	<u>\$ 1,367,458</u>

Note 10      Income Tax Status

The Plan Sponsor has adopted Mutual of America Financial Group’s Volume Submitter 403(b) Plan document that has received a favorable opinion letter from the Internal Revenue Service dated March 2, 2020, stating that their Volume Submitter 403(b) Plan is acceptable under the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since adopting the Volumizer Submitter 403(b) Plan document, the Plan Administrator believes that the Plan is designed, and is currently operated, in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2020.

**SUPPLEMENTAL SCHEDULES**

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(b) PLAN  
SCHEDULE H LINE 4i -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AUGUST 31, 2024  
EMPLOYER IDENTIFICATION NUMBER 23-1649434  
PLAN NUMBER 001

a) RELATED PARTY IN INTEREST	(b) IDENTITY OF ISSUE, BORROWER LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF PGIM GOV MM	N/A	927
*	EMPOWER TRUST COMPANY, LLC	MED PSF PGIM TOT RET BD	N/A	86,601
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF GOVT INC PORT	N/A	22,161
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF PGIM FLX MGD A	N/A	365,264
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF PGIM 50/50	N/A	68,710
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF STOCK IDX PORT	N/A	194,016
*	EMPOWER TRUST COMPANY, LLC	MEDLEYPRU CAP GRO VCA-10	N/A	7,912
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF BLEND PORT	N/A	25,194
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF GLOBAL PORT	N/A	49,054
*	MID ATLANTIC TRUST COMPANY	CASH AND CASH EQUIVALENTS	N/A	3,055
*	MID ATLANTIC TRUST COMPANY	AMERICAN FUNDS NEW WORLD R6	N/A	15,979
*	MID ATLANTIC TRUST COMPANY	BLACKROCK MID-CAP GROWTH EQUITY K	N/A	154,641
*	MID ATLANTIC TRUST COMPANY	CALVERT BOND R6	N/A	157,296
*	MID ATLANTIC TRUST COMPANY	CALVERT INTERNATIONAL RESPONSIBLE IDX R6	N/A	15,553
*	MID ATLANTIC TRUST COMPANY	CALVERT SMALL-CAP R6	N/A	28,729
*	MID ATLANTIC TRUST COMPANY	CALVERT US LARGE CAP CORE RSPNB IDX R6	N/A	72,516
*	MID ATLANTIC TRUST COMPANY	DELAWARE SMALL CAP VALUE R6	N/A	2,185
*	MID ATLANTIC TRUST COMPANY	DODGE & COX STOCK	N/A	22,798
*	MID ATLANTIC TRUST COMPANY	MFS MID CAP VALUE R6	N/A	93,072
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2015 RETIREMENT	N/A	51,166
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2020 RETIREMENT	N/A	26,179
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2025 RETIREMENT	N/A	337,809
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2030 RETIREMENT	N/A	836,193
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2035 RETIREMENT	N/A	317,392
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2040 RETIREMENT	N/A	860,815
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2045 RETIREMENT	N/A	760,725
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2050 RETIREMENT	N/A	455,951
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2055 RETIREMENT	N/A	337,176
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2060 RETIREMENT	N/A	125,321
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2065 RETIREMENT	N/A	75,771
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA EQUITY INDEX	N/A	552,492
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA INTERNATIONAL	N/A	22,265
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA MID-CAP EQUITY INDEX	N/A	16,235
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA RETIREMENT INCOME	N/A	165,547
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA SMALL CAP EQUITY INDEX	N/A	25,361
*	MID ATLANTIC TRUST COMPANY	PIMCO REAL RETURN INSTL	N/A	6,777
*	MID ATLANTIC TRUST COMPANY	T. ROWE PRICE BLUE CHIP GROWTH I	N/A	199,464
*	MID ATLANTIC TRUST COMPANY	VANGUARD INTERNATIONAL GROWTH ADM	N/A	12,891
*	MID ATLANTIC TRUST COMPANY	VANGUARD TOTAL BOND MARKET INDEX ADM	N/A	33,623
*	MID ATLANTIC TRUST COMPANY	VANGUARD TREASURY MONEY MARKET INVESTOR	N/A	3,860,722
	PARTICIPANT LOANS	INTEREST RATE RANGE (4.25% to 6.00%)	N/A	5,377
	TOTAL INVESTMENT ASSETS			<u>\$ 10,470,915</u>

"See accompanying independent auditors' report.

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(b) PLAN  
 SCHEDULE H LINE 4j  
 SCHEDULE OF REPORTABLE TRANSACTIONS  
 AUGUST 31, 2024  
 EMPLOYER IDENTIFICATION NUMBER 23-1649434  
 PLAN NUMBER 001

(a) IDENTITY OF PARTY INVOLVED	(b) Description of Assets (Include interest rate and maturity in case of loan)	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) CURRENT VALUE OF ASSETS AT TRANSACTION DATE	(i) NET GAIN (LOSS)
<u>CATEGORY I - SINGLE TRANSACTION IN EXCESS OF 5% OF PLAN ASSETS</u>								
The Prudential Retirement Insurance and Annuity Co	Guaranteed Interest Account	\$ 0	\$ 5,107,197	N/A	\$ 0	\$ 0	\$ 5,107,197	\$ 0
Mid Atlantic Trust Company	Vanguard Treasury Money Market Fund Investor Shares	5,105,612	0	N/A	0	0	5,105,612	0
Mid Atlantic Trust Company	Vanguard Treasury Money Market Fund Investor Shares	0	729,517	N/A	0	0	729,517	0
<u>CATEGORY II - A SERIES OF TRANSACTIONS OTHER THAN SECURITY TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS</u>								
NONE								
<u>CATEGORY III - A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS</u>								
Mid Atlantic Trust Company	Vanguard Treasury Money Market Fund Investor Shares	\$ 0	\$ 729,157	N/A	\$ 0	\$ 0	\$ 729,157	\$ 0
Mid Atlantic Trust Company	Vanguard Treasury Money Market Fund Investor Shares	0	254,541	N/A	0	0	254,541	0
<u>CATEGORY IV - A SERIES OF TRANSACTIONS WITH A PERSON, IF ANY PRECEDING, OR SUBSEQUENT SINGLE SECURITIES TRANSACTION WITH THE SAME PERSON EXCEED 5% OF PLAN ASSETS</u>								
NONE								

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(b) PLAN  
 SCHEDULE H LINE 4j  
 SCHEDULES OF REPORTABLE TRANSACTIONS  
 AUGUST 31, 2024  
 EMPLOYER IDENTIFICATION NUMBER 23-1649434  
 PLAN NUMBER 001

(a) IDENTITY OF PARTY INVOLVED	(b) Description of Assets (Include interest rate and maturity in case of loan)	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) CURRENT VALUE OF ASSETS AT TRANSACTION DATE	(i) NET GAIN (LOSS)
<u>CATEGORY I - SINGLE TRANSACTION IN EXCESS OF 5% OF PLAN ASSETS</u>								
The Prudential Retirement Insurance and Annuity Co	Guaranteed Interest Account	\$ 0	\$ 5,107,197	N/A	\$ 0	\$ 0	\$ 5,107,197	\$ 0
Mid Atlantic Trust Company	Vanguard Treasury Money Market Fund Investor Shares	5,105,612	0	N/A	0	0	5,105,612	0
Mid Atlantic Trust Company	Vanguard Treasury Money Market Fund Investor Shares	-	729,517	N/A	0	0	729,517	0
<u>CATEGORY II - A SERIES OF TRANSACTIONS OTHER THAN SECURITY TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS</u>								
NONE								
<u>CATEGORY III - A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS</u>								
Mid Atlantic Trust Company	Vanguard Treasury Money Market Fund Investor Shares	\$ 0	\$ 729,157	N/A	\$ 0	\$ 0	\$ 729,157	\$ 0
Mid Atlantic Trust Company	Vanguard Treasury Money Market Fund Investor Shares	-	254,541	N/A	0	0	254,541	0

CATEGORY IV - A SERIES OF TRANSACTIONS WITH A PERSON, IF ANY PRECEDING OR SUBSEQUENT SINGLE SECURITIES TRANSACTION WITH THE SAME PERSON EXCEED 5% OF PLAN ASSETS

NONE

AGENCY FOR COMMUNITY EMPOWERMENT OF NEPA 403(b) PLAN  
SCHEDULE H LINE 4i -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AUGUST 31, 2024  
EMPLOYER IDENTIFICATION NUMBER 23-1649434  
PLAN NUMBER 001

a) RELATED PARTY IN INTEREST	(b) IDENTITY OF ISSUE, BORROWER LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF PGIM GOV MM	N/A	927
*	EMPOWER TRUST COMPANY, LLC	MED PSF PGIM TOT RET BD	N/A	86,601
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF GOVT INC PORT	N/A	22,161
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF PGIM FLX MGD A	N/A	365,264
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF PGIM 50/50	N/A	68,710
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF STOCK IDX PORT	N/A	194,016
*	EMPOWER TRUST COMPANY, LLC	MEDLEYPRU CAP GRO VCA-10	N/A	7,912
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF BLEND PORT	N/A	25,194
*	EMPOWER TRUST COMPANY, LLC	MEDLEY PSF GLOBAL PORT	N/A	49,054
*	MID ATLANTIC TRUST COMPANY	CASH AND CASH EQUIVALENTS	N/A	3,055
*	MID ATLANTIC TRUST COMPANY	AMERICAN FUNDS NEW WORLD R6	N/A	15,979
*	MID ATLANTIC TRUST COMPANY	BLACKROCK MID-CAP GROWTH EQUITY K	N/A	154,641
*	MID ATLANTIC TRUST COMPANY	CALVERT BOND R6	N/A	157,296
*	MID ATLANTIC TRUST COMPANY	CALVERT INTERNATIONAL RESPONSIBLE IDX R6	N/A	15,553
*	MID ATLANTIC TRUST COMPANY	CALVERT SMALL-CAP R6	N/A	28,729
*	MID ATLANTIC TRUST COMPANY	CALVERT US LARGE CAP CORE RSPNB IDX R6	N/A	72,516
*	MID ATLANTIC TRUST COMPANY	DELAWARE SMALL CAP VALUE R6	N/A	2,185
*	MID ATLANTIC TRUST COMPANY	DODGE & COX STOCK	N/A	22,798
*	MID ATLANTIC TRUST COMPANY	MFS MID CAP VALUE R6	N/A	93,072
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2015 RETIREMENT	N/A	51,166
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2020 RETIREMENT	N/A	26,179
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*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA 2065 RETIREMENT	N/A	75,771
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA EQUITY INDEX	N/A	552,492
*	MID ATLANTIC TRUST COMPANY	MUTUAL OF AMERICA INTERNATIONAL	N/A	22,265
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	PARTICIPANT LOANS	INTEREST RATE RANGE (4.25% to 6.00%)	N/A	5,377
	TOTAL INVESTMENT ASSETS			<u>\$ 10,470,915</u>

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