

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan): MONROE COMMUNITY COLLEGE ASSOCIATION INC
2b Employer Identification Number (EIN): 16-0863558
2c Plan Sponsor's telephone number: 585-292-2534
2d Business code (see instructions): 611000

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	141
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	34
	6a(2)	37
	6b	0
	6c	96
	6d	133
	6e	0
	6f	133
	6g(1)	130
6g(2)	123	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input 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 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MONROE COMMUNITY COLLEGE ASSOCIATION INC</p>	<p>D Employer Identification Number (EIN) 16-0863558</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	315756	111	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	2042607
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	8458580

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year **7b** 2103962

c Additions: (1) Contributions deposited during the year	7c(1)	14524
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	87469
(4) Transferred from separate account	7c(4)	22975
(5) Other (specify below).....	7c(5)	2161

▶ OTHER

(6) Total additions **7c(6)** 127129

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2231091

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	161584
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	26837
(4) Other (specify below).....	7e(4)	63

▶ OTHER

(5) Total deductions **7e(5)** 188484

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2042607

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MONROE COMMUNITY COLLEGE ASSOCIATION INC	D Employer Identification Number (EIN) 16-0863558	

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
TIAA 730 THIRD AVENUE NEW YORK, NY 10017-3206 13-1624203

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

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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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MONROE COMMUNITY COLLEGE ASSOCIATION INC</u>	D Employer Identification Number (EIN) <u>16-0863558</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>329808</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MONROE COMMUNITY COLLEGE ASSOCIATION INC	D Employer Identification Number (EIN) 16-0863558

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

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	0 8417
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	351217 329808
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7471560 8626439
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2103962 2042607
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9926739	11007271
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9926739	11007271

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	126221	
(B) Participants.....	2a(1)(B)	90356	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		216577
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	378	
(F) Other.....	2b(1)(F)	87469	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		87847
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	21012	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		21012
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-14286
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1249735
c Other income	2c		2161
d Total income. Add all income amounts in column (b) and enter total	2d		1563046

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	481189	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		481189
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1325	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1325
j Total expenses. Add all expense amounts in column (b) and enter total	2j		482514

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1080532
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BOWERS & COMPANY CPAS PLLC**

(2) EIN: **20-1317788**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MONROE COMMUNITY COLLEGE ASSOCIATION INC</u>	D Employer Identification Number (EIN) <u>16-0863558</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
----------	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-1624203

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

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

3	
----------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Monroe Community College Association, Inc. 403(B) Defined Contribution Plan
EIN: 16-0863558
Plan#001

MONROE COMMUNITY COLLEGE
ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN

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INDEPENDENT AUDITOR'S REPORT

TO THE PLAN ADMINISTRATOR OF MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN

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

We have performed audits of the financial statements of the **MONROE COMMUNITY COLLEGE ASSOCIATION, INC.** (the "Association") **403(B) DEFINED CONTRIBUTION PLAN** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the **MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN**'s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 certifications from a qualified institution as of and for the years ended December 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 audits and on the procedures performed as described in the Auditor's Responsibilities for the Audits of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the **MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN**'s ability to continue as a going concern within one year after the date of the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION 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 **MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN's** ability to continue as a going concern for a reasonable period of time.

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

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

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

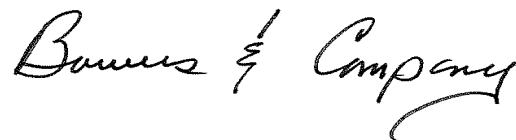
Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of the year ended December 31, 2024 on pages 18 to 19 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

A handwritten signature in black ink that reads "Banner & Company". The signature is written in a cursive, flowing style.

Syracuse, New York
July 10, 2025

**MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN**

AUDITED FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

ASSETS	2024	2023
ASSETS		
Investments, at Fair Value	\$ 10,998,854	\$ 9,926,739
Notes Receivable from Participants	<u>8,417</u>	<u>0</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 11,007,271</u>	<u>\$ 9,926,739</u>

See notes to financial statements.

MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS		
Contributions		
Employer	\$ 126,221	\$ 117,873
Employee	90,356	82,954
Rollovers	0	1,818
Total Contributions	216,577	202,645
Investment Income		
Net Investment Gain from Mutual Funds	1,249,735	1,364,270
Interest Income from Fixed Annuity Contracts	87,469	91,987
Dividends from Registered Investment Companies	21,012	7,909
Net Investment Loss from Pooled Separate Account	(14,286)	(56,495)
Total Investment Income	1,343,930	1,407,671
Interest Income on Notes Receivable from Participants	378	0
Other Income	2,161	0
Total Other Income	2,539	0
Total Additions	1,563,046	1,610,316
DEDUCTIONS		
Benefits Paid to Participants and Beneficiaries	481,189	370,941
Administrative Expenses	1,325	713
Total Deductions	482,514	371,654
INCREASE IN NET ASSETS	1,080,532	1,238,662
Beginning of Year	9,926,739	8,688,077
End of Year	\$ 11,007,271	\$ 9,926,739

See notes to financial statements.

**MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 – GENERAL DESCRIPTION OF THE PLAN

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

General

The Plan is a defined contribution plan as permitted under section 403(b) of the Internal Revenue Service ("IRS"). The Plan was established January 1, 1968, covering all employees who have met eligibility requirements. The Plan is subject to the provisions of ERISA.

Eligibility Requirements

Employees are eligible to enter the Plan upon date of hire.

Contributions

Participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants are immediately eligible to defer a pre-tax deferral. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. Upon reaching the age of 21 and upon completion of twelve consecutive months of eligible service, employees may be eligible to receive employer matching contributions. After satisfying the eligibility requirements, participants must contribute at least 3% of eligible compensation into the Plan to receive employer matching contributions of 8% for 1 - 7 years of plan participation or 10% for 8 or more years of plan participation if hired on or after July 1, 1994. Participants hired before July 1, 1994 receive employer matching contributions in the amount of 9% for eligible compensation up to \$19,500 and 12% for eligible compensation greater than \$19,500 if they contribute at least 3% of their compensation into the Plan.

Participant Accounts

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

MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 – GENERAL DESCRIPTION OF THE PLAN – Continued

Participant Accounts – Continued

Revenue sharing credits, which are considered parties-in interest transactions, are allocated back to participant's accounts as a reduction of administrative expenses for the respective investment funds which generate such credits. The credits are presented gross as other income to the Plan.

Vesting

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

Notes Receivable from Participants

Plan participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loans fund. Loan terms range from 1-5 years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate (9.50%) commensurate with local prevailing rates, as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

Plan Loans

Participants may borrow amounts directly from the plan custodian. Plan loans may be requested by a participant, using their TIAA Traditional Annuity account as collateral for the plan loan. The loan is issued directly from funds owned by TIAA and not directly from a participant's account. Adequate security is required; therefore, 110% of the loan balance is held as collateral to cover the outstanding loan in the event of default. The collateral for the loan is maintained as part of the participant's TIAA Traditional Annuity account balance as either a component of the Group Supplemental Retirement Annuity contract or as a separate Retirement Loan contract. The collateral securing the loan continues to earn interest. A plan loan is not treated as a distribution from the Plan and is not considered a plan asset. Therefore, plan loans are not reported on the statements of net assets available for benefits. A participant may apply for a plan loan to be made from his or her vested account balance in the plan not to exceed the lesser of (a) \$50,000 or (b) 50% of the participant's vested account balance in the Plan. Loans may be further limited by the funding vehicles.

At December 31, 2024 and 2023, there were approximately \$0 and \$1,000, respectively, held within participant accounts in the TIAA Traditional Annuity account on the statements of net assets available for benefits, which served as collateral against outstanding plan loan balances. At December 31, 2024 and 2023, interest rates of the plan loans are 0% and 5.02%, respectively.

MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 – GENERAL DESCRIPTION OF THE PLAN – Continued

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant must receive the value of their vested benefits as a lump-sum distribution, installment, or annuity as soon as administratively feasible following the date on which a distribution is requested or is otherwise payable. Participants may request hardship withdrawals for extreme hardships, pursuant to plan requirements, not to exceed the total vested balance to date. Participants receiving hardship withdrawals are prohibited from contributing to the Plan for a period of six months from the date of withdrawal.

Plan Termination

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

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

The accounting principles and practices which affect the more significant elements of the financial statements are:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

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 changes therein, and disclosure on contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's Investments are reported at fair value. Shares of registered investment companies and pooled separate accounts are valued at quoted prices which represent the net asset value of shares held by the Plan at year end. The Plan's fixed annuity contract investments are valued at contract value, which approximates market value.

**MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

Investment Valuation and Income Recognition – Continued

Net investment gain or loss included in the accompanying statements of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation and depreciation in the fair value of investments represents the net change in fair value of investments held during the period. The net realized gain or loss from the sale of investments represents the difference between the sale proceeds and the fair value as of the beginning of the period or cost of the investment if purchased during the year. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on a cash basis, which approximates generally accepted accounting principles.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid directly by the Plan as they are part of the investment management services expenses netted against investment income. The participants pay for certain custodial and administrative services of the Plan.

Notes Receivable from Participants

Loans to participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Risks and Uncertainties

The Plan provides for various investment options in any combination of a variety of annuities and mutual funds. Investments, in general, are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

**MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

Date of Management’s Review

The Plan has evaluated subsequent events from December 31, 2024 through July 10, 2025, which is the date the financial statements were available to be issued. The Plan has determined no such events have occurred.

NOTE 3 – FINANCIAL INFORMATION CERTIFIED BY PLAN CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator has obtained a certification from TIAA and CREF, the custodian of the Plan, that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements as of and for the years ended December 31, 2024 and 2023 pertaining to investments, investment and dividend income, net investment gain (loss) of investments and all information in the supplemental schedule is presented in reliance solely upon those certifications.

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) No. 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC No. 820 are described below:

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

**MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS –

Continued

- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset’s or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Fixed Annuity Contracts – The TIAA Traditional Annuity is a fixed annuity contract that is fully and unconditionally guaranteed by Teachers Insurance and Annuity Association of America (“TIAA”), a New York domiciled non-profit legal reserve life insurance company. During the accumulation phase, TIAA provides a guarantee of principal, a guaranteed minimum rate interest (generally 3%) and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the “declaration year,” which begins each March 1st. Additional interest is not guaranteed for future years. When the accumulation is converted to an annuity based on life expectancy, the present value of the stream of payments is equal to the accumulation.

MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS –

Continued

The TIAA Traditional Annuity is reported at contract value. The contract value equals the accumulated cash contributions and interest credited to the plan's contracts, less any withdrawals. The TIAA Traditional Annuity are not available for sale or transfer on any securities exchanges. Accordingly, transactions in similar investment instruments are not observable.

While transactions involving the purchase/sales of individual TIAA Traditional Annuity contracts are not observable in a public marketplace, contract value has historically provided a good approximation of fair value. The Plan has provided no reserve against contract value for credit risk of the contract issuer.

Variable Annuity Contracts – Variable annuity contracts are Level 1 if they are valued using market quotations or prices obtained from independent pricing sources. Variable annuities are Level 2 if the value is derived market value of underlying real estate holdings or other real estate-related investments which are priced daily to represent market value.

Mutual Funds – Valued at the net asset value (“NAV”) of shares held by the plan at year end. Mutual funds are classified as Level 1 if they are traded in an active market for which closing prices are readily available. The mutual funds held by the Plan are deemed to be actively traded.

Pooled Separate Account – Valued at the net asset value (“NAV”) of shares held by the plan at year end.

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

**MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS –

Continued

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Registered Investment Companies:				
Mutual Funds	\$ 2,107,269	\$ 0	\$ 0	\$ 2,107,269
Variable Annuity Contracts	6,519,170	0	0	6,519,170
Fixed Annuity Contracts	0	0	2,042,607	2,042,607
Investments, at Net Asset Value (a)				
Pooled Separate Account	0	0	0	329,808
Total Assets at Fair Value	\$ 8,626,439	\$ 0	\$ 2,042,607	\$ 10,998,854

Assets at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Registered Investment Companies:				
Mutual Funds	\$ 1,762,038	\$ 0	\$ 0	\$ 1,762,038
Variable Annuity Contracts	5,709,522	0	0	5,709,522
Fixed Annuity Contracts	0	0	2,103,962	2,103,962
Investments, at Net Asset Value (a)				
Pooled Separate Accounts	0	0	0	351,217
Total Assets at Fair Value	\$ 7,471,560	\$ 0	\$ 2,103,962	\$ 9,926,739

(a) In accordance with FASB ASC Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS –

Continued

Level 3 Gains and Losses

The following tables present a reconciliation of the statement of net assets available for benefits amounts for financial instruments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2024:

	Fixed Annuity Contracts
Balance, Beginning of Year	\$ 2,103,962
Purchases, Sales, Issuances, and Settlements (Net)	<u>(61,355)</u>
Balance, End of Year	<u><u>\$ 2,042,607</u></u>

Level 3 Gains and Losses

The following tables present a reconciliation of the statement of net assets available for benefits amounts for financial instruments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2023:

	Fixed Annuity Contracts
Balance, Beginning of Year	\$ 2,062,507
Purchases, Sales, Issuances, and Settlements (Net)	<u>41,455</u>
Balance, End of Year	<u><u>\$ 2,103,962</u></u>

**MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 4 – FAIR VALUE OF FINANCIAL INSTRUMENTS –

Continued

The following table presents information about significant unobservable inputs related to the Plan’s investment in the TIAA Traditional Annuity at December 31, 2024:

Type	Fair Value	Valuation Technique	Significant Unobservable Inputs	Range
TIAA Traditional Annuity	\$2,042,607	Discounted Cash Flow	Risk-Adjusted Discount Rate Applied	RA - 4.00% - 5.25% GRA - 4.00% - 5.25%

The following table presents information about significant unobservable inputs related to the Plan’s investment in the TIAA Traditional Annuity at December 31, 2023:

Type	Fair Value	Valuation Technique	Significant Unobservable Inputs	Range
TIAA Traditional Annuity	\$2,103,962	Discounted Cash Flow	Risk-Adjusted Discount Rate Applied	RA - 4.00% - 6.75% GRA - 4.00% - 6.75%

NOTE 5 – PARTIES-IN-INTEREST

Certain Plan investments are managed by TIAA. TIAA is the custodian, as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for party-in-interest transactions for the years ended December 31, 2024 and 2023 amounted to approximately \$1,300 and \$700, respectively.

**MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 6 – TAX STATUS

The Association has adopted the Simplified ERISA 403(b) Volume Submitter Plan. The prototype plan received its latest determination letter from the IRS dated August 7, 2017, which states that the plan is acceptable under section 403(b) of the Internal Revenue Code (“IRC”). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being 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 Plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As the Plan is tax-exempt, the Plan administrator has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to December 31, 2021.

NOTE 7 – OTHER INCOME

Other income consists of administrative revenue credits provided by TIAA with respect to TIAA-CREF funds that exceed the established revenue threshold provided by the administrative contract. Other income was approximately \$2,200 and \$0 for the years ended December 31, 2024 and 2023, respectively.

MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 16-0863558

PLAN #001

SCHEDULE H, LINE 4I

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
**	TIAA Traditional Benefit Responsive	Fixed Annuity Contract	*	\$ 391,954
**	TIAA Traditional Non Benefit Responsive	Fixed Annuity Contract	*	1,592,286
**	TIAA Traditional Benefit Responsive 2	Fixed Annuity Contract	*	8,206
**	TIAA Traditional Non Benefit Responsive 2	Fixed Annuity Contract	*	50,161
**	TIAA Real Estate	Pooled Separate Accounts	*	329,808
**	CREF Stock	Variable Annuity Contract	*	2,201,029
**	CREF Money Market	Variable Annuity Contract	*	580,774
**	CREF Social Choice	Variable Annuity Contract	*	237,656
**	CREF Bond Market	Variable Annuity Contract	*	218,302
**	CREF Global Equities	Variable Annuity Contract	*	467,626
**	CREF Growth	Variable Annuity Contract	*	1,604,848
**	CREF Equity Index	Variable Annuity Contract	*	1,153,707
**	CREF Inflation-linked Bond	Variable Annuity Contract	*	55,228
**	TIAA Access Nuv Lifecycle 2010 T4	Mutual Fund	*	140,432
**	TIAA Access Nuv Lifecycle 2015 T4	Mutual Fund	*	4,173
**	TIAA Access Nuv Lifecycle 2020 T4	Mutual Fund	*	14,698
**	TIAA Access Nuv Lifecycle 2030 T4	Mutual Fund	*	224,029
**	TIAA Access Nuv Lifecycle 2035 T4	Mutual Fund	*	106,959
**	TIAA Access Nuv Lifecycle 2040 T4	Mutual Fund	*	105,674
**	TIAA Access Nuv Lifecycle 2045 T4	Mutual Fund	*	92,806
**	TIAA Access Nuv Lifecycle 2050 T4	Mutual Fund	*	111,734
**	TIAA Access Nuv Lifecycle 2055 T4	Mutual Fund	*	58,542
**	TIAA Access Nuv Lifecycle 2060 T4	Mutual Fund	*	14,576
**	TIAA Access Nuv Core Pl Bond T4	Mutual Fund	*	16,448
**	TIAA Access Nuv Lg-Cap Res Eq T4	Mutual Fund	*	10,808
**	TIAA Access Nuv Intl Equity T4	Mutual Fund	*	136,217
**	TIAA Access Nuv Lg-Cap Gr T4	Mutual Fund	*	154,898
**	TIAA Access Nuv Lg-Cap Val T4	Mutual Fund	*	86,620
**	TIAA Access Nuv Mid-Cap Gr T4	Mutual Fund	*	109,251
**	TIAA Access Nuv Mid-Cap Val T4	Mutual Fund	*	83,538

See independent auditor's report.

MONROE COMMUNITY COLLEGE ASSOCIATION, INC.
403(B) DEFINED CONTRIBUTION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) – Continued
December 31, 2024

EIN: 16-0863558

PLAN #001

SCHEDULE H, LINE 4I – Continued

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
**	TIAA Access Nuv Real Est Secs T4	Mutual Fund	*	41,594
**	TIAA Access Nuv Sm-Cap B1 ldx T4	Mutual Fund	*	21,094
**	TIAA Access Nuv Quant Sml Cp Eq T4	Mutual Fund	*	75,510
**	Nuveen Core Plus Bond-Inst	Mutual Fund	*	2,306
**	Nuveen Intl Eq-Inst	Mutual Fund	*	11,514
**	Nuveen Lg-Cap Val-Inst	Mutual Fund	*	7,216
**	Nuveen Lifecycle 2025-Inst	Mutual Fund	*	16,737
**	Nuveen Lifecycle 2030-Inst	Mutual Fund	*	131,303
**	Nuveen Lifecycle 2035-Inst	Mutual Fund	*	73,964
**	Nuveen Lifecycle 2040-Inst	Mutual Fund	*	68,466
**	Nuveen Lifecycle 2045-Inst	Mutual Fund	*	90,545
**	Nuveen Lifecycle 2050-Inst	Mutual Fund	*	411
**	Nuveen Lifecycle 2055-Inst	Mutual Fund	*	39,960
**	Nuveen Lifecycle 2060-Inst	Mutual Fund	*	15,696
**	Nuveen Lifecycle 2065-Inst	Mutual Fund	*	18,781
**	Nuveen Mid-Cap Val-Inst	Mutual Fund	*	6,627
**	Nuveen Real Est Secs-Inst	Mutual Fund	*	5,020
**	Nuveen Sm-Cap B1 ldx-Inst	Mutual Fund	*	3,799
**	Nuveen Qt Sml Cap Eq Inst	Mutual Fund	*	2,921
**	Nuveen Equity Index R6	Mutual Fund	*	207
**	Nuveen Lg-Cap Growth R6	Mutual Fund	*	212
**	Nuveen Mid-Cap Growth R6	Mutual Fund	*	728
**	Nuveen Lg-Cap Resp Eq R6	Mutual Fund	*	1,255
**	Participant Notes Receivable	Notes receivable at various maturity dates and interest rate of 9.50%.		8,417
		Total		<u>\$ 11,007,271</u>

* Cost Omitted for Participant Directed Investments

** Party-In-Interest

See independent auditor's report.



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

MONROE COMM COLLEGE ASSOC, INC

Activity for the Reporting Period: 01/01/2024 to 12/31/2024

(A)	(B) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive	\$319,282.21	\$391,953.51
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive	\$1,148,355.81	\$1,592,286.21
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2	\$7,551.45	\$8,206.13
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2	\$46,139.00	\$50,160.80
*	College Retirement Equities Fund variable annuities	CREF Stock R1	\$727,315.27	\$2,201,028.56
*	College Retirement Equities Fund variable annuities	CREF Money Market R1	\$526,042.88	\$580,773.84
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1	\$158,280.55	\$237,656.36
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1	\$202,463.68	\$467,626.13
*	College Retirement Equities Fund variable annuities	CREF Growth R1	\$306,404.79	\$1,604,847.95
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1	\$285,514.11	\$1,153,707.32
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1	\$46,430.12	\$55,228.41
*	College Retirement Equities Fund variable annuities	TIAA Real Estate	\$237,741.12	\$329,808.45
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Pl Bd T4	\$16,038.97	\$16,447.58
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Intl Equity T4	\$100,914.14	\$136,216.49
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Gr T4	\$28,909.24	\$154,898.25
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Val T4	\$59,311.65	\$86,619.64
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2010 T4	\$107,416.73	\$140,431.53
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2015 T4	\$2,748.59	\$4,173.02
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2020 T4	\$8,467.20	\$14,698.24
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2030 T4	\$157,435.34	\$224,028.94
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2035 T4	\$75,839.42	\$106,959.48
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2040 T4	\$66,875.29	\$105,674.02
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2045 T4	\$60,508.42	\$92,806.42
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2050 T4	\$58,697.76	\$111,734.01
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Mid Cap Grw T4	\$53,503.19	\$109,251.17
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Mid Cap Val T4	\$59,140.80	\$83,537.90
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv RIEstSecSel T4	\$31,229.09	\$41,593.86
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Sm Cp Bl Ix T4	\$15,723.16	\$21,094.25
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Qt Sm Cp Eq T4	\$52,055.90	\$75,510.38
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LgCp Res Eq T4	\$5,710.82	\$10,807.57



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

Activity for the Reporting Period: 01/01/2024 to 12/31/2024

(A)	(B) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
	College Retirement Equities Fund variable annuities	LOAN FUND	\$8,417.17	\$8,417.17
*	College Retirement Equities Fund variable annuities	CREF Core Bond R1	\$199,939.53	\$218,301.56
	College Retirement Equities Fund variable annuities	Nuveen Core Plus Bond R6	\$2,424.92	\$2,305.59
	College Retirement Equities Fund variable annuities	Nuveen Equity Index R6	\$211.56	\$207.08
	College Retirement Equities Fund variable annuities	Nuveen Internatl Equity R6	\$11,001.23	\$11,513.52
	College Retirement Equities Fund variable annuities	Nuveen Large Cap Growth R6	\$218.02	\$212.48
	College Retirement Equities Fund variable annuities	Nuveen Large Cap Value R6	\$6,773.82	\$7,216.01
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2025 R6	\$16,332.15	\$16,737.21
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2030 R6	\$126,654.80	\$131,303.20
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2035 R6	\$70,446.72	\$73,964.39
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2040 R6	\$64,135.19	\$68,466.37
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2045 R6	\$83,402.01	\$90,545.08
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2050 R6	\$426.76	\$410.91
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2055 R6	\$37,153.88	\$39,960.26
	College Retirement Equities Fund variable annuities	Nuveen Mid Cap Growth R6	\$671.80	\$727.50
	College Retirement Equities Fund variable annuities	Nuveen Mid Cap Value R6	\$6,469.11	\$6,627.03
	College Retirement Equities Fund variable annuities	Nuveen Real Est Sec Sel R6	\$5,165.93	\$5,019.59
	College Retirement Equities Fund variable annuities	Nuveen Small Cap Bld Idx R6	\$3,712.99	\$3,798.96
	College Retirement Equities Fund variable annuities	Nuveen Quant Small Cp Eq R6	\$2,803.94	\$2,920.50
	College Retirement Equities Fund variable annuities	Nuveen Large Cap Resp Eq R6	\$1,264.96	\$1,254.51
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2055 T4	\$36,211.16	\$58,542.19
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2060 T4	\$10,873.33	\$14,576.44
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2060 R6	\$14,737.12	\$15,696.10
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2065 R6	\$16,455.44	\$18,781.02

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> <hr/> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here <input type="checkbox"/> ▶
D Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/> ▶

Part II Basic Plan Information - enter all requested information	
1a Name of plan MONROE COMMUNITY COLLEGE ASSOCIATION, INC. 403(B) DEFINED CONTRIBUTION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MONROE COMMUNITY COLLEGE ASSOCIATION INC 1000 EAST HENRIETTA RD R THOMAS FLYNN CAMPUS CRT RM 3-126 ROCHESTER NY 14623-5780	2b Employer Identification Number (EIN) 16-0863558 2c Plan Sponsor's telephone number 585-292-2534 2d Business code (see instructions) 611000

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

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

SIGN HERE	<i>Virginia Geer-Mentry</i>	7/10/25	VIRGINIA GEER-MENTRY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Virginia Geer-Mentry</i>	7/10/25	VIRGINIA GEER-MENTRY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311

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

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	141
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	34
a (2) Total number of active participants at the end of the plan year	6a(2)	37
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	96
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	133
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	133
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	130
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	123
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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