

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>GATEWAY COMMUNITY INDUSTRIES 403(B) TDA PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>004</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GATEWAY COMMUNITY INDUSTRIES 403(B) TDA</u></p> <p><u>1 AMY KAY PARKWAY</u> <u>KINGSTON, NY 12401-6446</u></p>	<p>1c Effective date of plan <u>01/01/2009</u></p> <p>2b Employer Identification Number (EIN) <u>14-1458757</u></p> <p>2c Plan Sponsor's telephone number</p> <p>2d Business code (see instructions) <u>624310</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2025	BRIAN SCHNEIDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input 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	403
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)	158
	6a(2)	150
	6b	0
	6c	224
	6d	374
	6e	9
	6f	383
	6g(1)	363
	6g(2)	343
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2M 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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>
---	--	--

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

<p>A Name of plan GATEWAY COMMUNITY INDUSTRIES 403(B) TDA PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>004</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GATEWAY COMMUNITY INDUSTRIES 403(B) TDA</p>	<p>D Employer Identification Number (EIN) 14-1458757</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	390428	349	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.

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

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	1918189
5	Current value of plan's interest under this contract in separate accounts at year end.....	6002576
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1893457
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 80385
	(4) Transferred from separate account	7c(4) 50157
	(5) Other (specify below)..... ▶ PARTICIPANT LOAN INTEREST	7c(5) 0
	(6) Total additions	7c(6) 130542
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2023999
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 86157
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 18671
	(4) Other (specify below)..... ▶ TRF TO DC, FEES, LOANS & REPAYMENT	7e(4) 982
(5) Total deductions	7e(5) 105810	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1918189

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan GATEWAY COMMUNITY INDUSTRIES 403(B) TDA PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 GATEWAY COMMUNITY INDUSTRIES 403(B) TDA	D Employer Identification Number (EIN) 14-1458757

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
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	664FD6	125	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
---	--

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	37076
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ OTHER GROUP PENSION FUNDING	
b	Balance at the end of the previous year	7b 46633
c	Additions: (1) Contributions deposited during the year	7c(1) 3165
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 767
	(4) Transferred from separate account	7c(4) 0
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 3932
d	Total of balance and additions (add lines 7b and 7c(6))	7d 50565
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 13000
	(2) Administration charge made by carrier.....	7e(2) 489
	(3) Transferred to separate account	7e(3) 0
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 13489	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 37076

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.
--	--	---

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

A Name of plan GATEWAY COMMUNITY INDUSTRIES 403(B) TDA PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 GATEWAY COMMUNITY INDUSTRIES 403(B) TDA	D Employer Identification Number (EIN) 14-1458757	

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

VOYA	ONE ORANGE WAY WINDSOR, CT 06095-4774
71-0294708	

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

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

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

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

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

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

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

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

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

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

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

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

VOYA RETIREMENT INS & ANNUITY CO.

71-0294708

(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?
13	SERVICE PROVIDER	7916	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO ADVISORS FINANCIAL NETW

48-1305000

(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?
99	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5275	Yes <input type="checkbox"/> No <input checked="" 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.
---	--	---

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

A Name of plan <u>GATEWAY COMMUNITY INDUSTRIES 403(B) TDA PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GATEWAY COMMUNITY INDUSTRIES 403(B) TDA</u>	D Employer Identification Number (EIN) <u>14-1458757</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>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>225783</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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GATEWAY COMMUNITY INDUSTRIES 403(B) TDA PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 GATEWAY COMMUNITY INDUSTRIES 403(B) TDA	D Employer Identification Number (EIN) 14-1458757

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)	39571	38264
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7880	
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)	6744	16517
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	277589	225783
(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)	6491773	7387281
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1940090	1955265
(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	8763647	9623110
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	8763647	9623110

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)	144266	
(B) Participants.....	2a(1)(B)	135496	
(C) Others (including rollovers).....	2a(1)(C)	7707	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		287469
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)	854	
(F) Other.....	2b(1)(F)	80385	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		81239
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		-11193
(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)		1146431
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1503946

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	636539	
(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)		636539
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(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)	7944	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7944
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		644483

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		859463
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: MENGEL, METZGER, BARR & CO. LLP

(2) EIN: 16-1092347

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

GATEWAY COMMUNITY INDUSTRIES
403(b) TDA PLAN
FINANCIAL REPORT
DECEMBER 31, 2024

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN

TABLE OF CONTENTS

	PAGE
INDEPENDENT AUDITOR'S REPORT	1-4
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7-16
SCHEDULE OF ASSETS (HELD AT END OF YEAR)	17-18



BUSINESS
ADVISORS
AND CPAS

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Gateway Community Industries 403(b) TDA Plan

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

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

Management has obtained certifications from qualified institutions 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 Audit 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 Audit of the Financial Statements section of our report. We are required to be independent of Gateway Community Industries 403(b) TDA 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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Gateway Community Industries 403(b) TDA 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 Gateway Community Industries 403(b) TDA 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.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental 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).

Mengel, Metzger, Baw & Co. LLP

Latham, New York
July 18, 2025

**GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Investments		
Registered Investment Companies (Mutual Funds), at fair value	\$ 1,610,490	\$ 1,242,755
Variable annuity contracts, at fair value	5,776,791	5,249,018
Pooled separate accounts, at fair value	225,783	277,589
General account contracts, at contract value	1,955,265	1,940,090
Total Investments	<u>9,568,329</u>	<u>8,709,452</u>
Receivables		
Employer contribution receivable	38,264	39,571
Notes receivable from participants	16,517	6,744
Total Receivables	<u>54,781</u>	<u>46,315</u>
Other Asset - Transfer in Transit	<u>-</u>	<u>7,880</u>
Net Assets Available for Benefits	<u>\$ 9,623,110</u>	<u>\$ 8,763,647</u>

See accompanying notes to financial statements.

**GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Additions to Net Assets Attributed to		
Investment Income		
Net appreciation in fair value of investments	\$ 1,169,698	\$ 1,183,887
Interest and dividends	45,925	97,717
Total Investment Income	<u>1,215,623</u>	<u>1,281,604</u>
Interest on notes receivable from participants	<u>854</u>	<u>359</u>
Contributions		
Participant contributions	135,496	131,552
Sponsor contributions	144,266	147,827
Rollovers	7,707	11,600
Total Contributions	<u>287,469</u>	<u>290,979</u>
Total Additions	<u>1,503,946</u>	<u>1,572,942</u>
Deductions from Net Assets Attributed to		
Benefit payments to participants	636,539	377,189
Administrative expenses	7,944	5,754
Total Deductions	<u>644,483</u>	<u>382,943</u>
Net Increase	859,463	1,189,999
Net Assets Available for Benefits, Beginning of Year	<u>8,763,647</u>	<u>7,573,648</u>
Net Assets Available for Benefits, End of Year	<u>\$ 9,623,110</u>	<u>\$ 8,763,647</u>

See accompanying notes to financial statements.

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following description of the Gateway Community Industries 403(b) TDA Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution deferred compensation 403(b) plan covering all of the eligible employees of Gateway Community Industries, Inc. (Gateway). Upon employment, employees become eligible to make voluntary contributions to the Plan. Employees become eligible for Gateway's nonelective contribution after attaining the age of 21, completing two years of service in which employment was maintained and at least 1,000 hours were worked in each year, and submits the related paperwork for entrance into the Plan. Upon satisfying the eligibility requirements for Gateway's contribution, the entry date into the Plan is the first day of the first full pay period immediately following the date of eligibility.

Employees working under a Federal Service Contract who waive agency benefits for Health and Welfare compensation are excluded from employer nonelective contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Benefits

Plan benefits begin at the normal retirement age of 59½. Timing and amount of distributions are determined by the participants. The Plan does not permit early retirement. Employees are 100% vested in Gateway's nonelective contribution when the contribution is made. A terminated participant or beneficiary will receive an amount equal to the vested value of the participant's account with the same distribution options that are available to an active participant.

Death and Disability Benefits

Upon death or disability, a participant will have a 100% nonforfeitable right in the value of their account, which will be distributed to the participant or the participant's designated beneficiary.

Transfer in Transit

As of December 31, 2024, there were no transfers in transit. As of December 31, 2023, there were assets totaling \$7,880 that were transferred from TIAA-CREF to VOYA but had not been deposited into VOYA until January 2024. These are reflected in the Plan's 2023 statement of net assets available for benefits as an other asset - transfer in transit.

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

Contributions

Contributions are subject to certain limitations. The Plan permits participants to contribute up to the maximum limits set forth by the Internal Revenue Code. The Plan allows for Roth deferrals and nonelective employer contributions after meeting the eligibility requirements as described above. Gateway's nonelective contribution is calculated based on a pre-determined percentage, multiplied by the participant's compensation. For the years ended December 31, 2024 and 2023, the authorized percentage was 3.33%. The nonelective employer contributions are deposited into participant accounts on a quarterly basis.

Participant Accounts

The Plan allows each participant to select the investments in their individual account from a list of various registered investment companies, variable annuity contracts, pooled separate accounts and a general account. Each participant's account is credited with the employee's contribution, employer's nonelective contribution and plan earnings or losses, if applicable. Plan earnings or losses are based upon the participant's holdings in each of the Plan's investment options. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are 100% vested in their contributions plus actual earnings thereon. Participants are 100% vested in Gateway's nonelective contribution allocated to their account plus actual earnings thereon immediately upon receipt of the contribution and earnings by the Plan.

Notes Receivable from Participants

Participants may borrow up to a minimum of \$1,000 and a maximum equal to the lesser of \$50,000 or 50% percent of their vested account balance. The loan bears interest at the prevailing Wall Street Journal prime interest rate. Principal and interest is paid ratably through payroll deductions or ACH payments, over a term ranging from one to five years, with loans for primary residences repaid over thirty years. A participant may not have more than two loans outstanding at any time.

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

Withdrawals and Payment of Benefits

Both participant contributions made from pre-tax compensation and employer contributions are subject to certain withdrawal restrictions, as specified by the plan document and the Internal Revenue Code. Hardship withdrawals may be made due to immediate financial need, as defined by the Plan. A hardship withdrawal may not exceed the lesser of the amount necessary to relieve the financial hardship or an amount equal to the value of the participant account plus any salary reduction contributions. Upon termination of service, death, or disability, or being called to active military duty, participants may receive the vested portion of their account in a lump sum distribution subject to certain tax withholding considerations.

Benefits are recorded when paid.

Termination of the Plan

Although it has not expressed intent to do so, Gateway has the right under the plan document to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all amounts credited to the affected participant accounts shall be distributed in accordance with the plan document.

Forfeitures

There are no forfeitures because participants are 100% vested in their own contributions and Gateway's annual contribution (paid quarterly) upon receipt of the contribution by the Plan.

Plan Expenses

Administrative expenses are paid from individual participant accounts as specified in the contracts between the participant and the investment manager. The plan sponsor absorbs certain additional administrative costs of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation and Income Recognition

General Account Contracts: The investments in TIAA Traditional Annuity contracts are reported at contract value. As these investments are contract-based, observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using a discounted cash flow model incorporating unobservable inputs, including a risk-adjusted discount rate correlating closely with the TIAA Traditional Annuity's historical crediting rates. The contract rate equals the accumulated cash contributions and interest credited to the contract, less any withdrawals. Liquidity restrictions apply to certain types of contracts that could impact the value realized upon exiting the contract. See also Note 6 for discussion of the TIAA Traditional Annuity.

The investments in Voya Fixed Account (4635) are reported at contract value. As these investments are contract-based, observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using a discounted cash flow model incorporating unobservable inputs, including a risk-adjusted discount rate correlating closely with the Voya Retirement and Insurance Company's general account historical crediting rates. The contract rate equals the accumulated cash contributions and interest credited to the contract less any withdrawals. Liquidity restrictions apply to certain types of contracts that could impact the value realized upon exiting the contract. See also Note 5 for discussion of the Voya Fixed account.

Variable Annuity Contracts and Pooled Separate Account: The Plan has adopted the provisions of Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalents)*. ASU 2009-12 allows for the estimation of fair value of investments in certain investment companies for which the investment does not have a readily determinable value by using net asset value (NAV) per share or its equivalent as a practical expedient. See also Note 6 for discussion of the TIAA pooled separate accounts.

Registered Investment Company (Mutual Funds): Valued based on quoted prices in active markets at year end.

Purchases and sales of securities are recorded on a trade-date basis. Investment income (loss) is recorded on the accrual basis and net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Interest income on notes receivable from participants is recognized by the Plan in the period in which it is earned based on the outstanding principal times the stated interest rate.

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

3. INFORMATION CERTIFIED BY THE PLAN CUSTODIANS

The Custodian (TIAA-CREF) has certified to the completeness and accuracy of certain investments and their related income reflected in the accompanying financial statements as of and for the years ended December 31, 2024 and 2023, and the Custodian (Voya Retirement Insurance and Annuity Company (VRIAC)) has certified to the completeness and accuracy of investments and their related income, and notes receivable from participants and interest earned on the notes reflected in the accompanying financial statements as of December 31, 2024 and December 31, 2023. The Custodians also certify to the completeness and accuracy of the investments included in the schedule of assets (held at end of year) as of December 31, 2024.

The summarized certified information as of December 31, is as follows:

	<u>2024</u>	<u>2023</u>
TIAA-CREF		
Variable annuity contracts, at fair value	\$ 5,776,791	\$ 5,249,018
Pooled separate accounts, at fair value	225,783	277,589
General account contracts, contract value	1,918,189	1,893,457
Notes receivable from participants	835	1,799
Total	<u>\$ 7,921,598</u>	<u>\$ 7,421,863</u>
Investment Income		
Net appreciation in fair value of investments	\$ 1,016,905	\$ 1,086,128
Interest and dividends	22,527	26,514
Interest received on notes receivable from participants	83	98
Total Investment Income	<u>\$ 1,039,515</u>	<u>\$ 1,112,740</u>
Voya-VRIAC		
Investments		
Registered investment companies (Mutual Funds), fair value	\$ 1,610,490	\$ 1,242,755
General account contracts, contract value	37,076	46,633
Notes receivable from participants	15,682	4,945
Total Investments	<u>\$ 1,663,248</u>	<u>\$ 1,294,333</u>
Investment Income (Loss)		
Net appreciation in fair value of investments	\$ 152,793	\$ 97,759
Interest and dividends	23,398	71,203
Interest received on notes receivable from participants	771	261
Total Investment Income (Loss)	<u>\$ 176,962</u>	<u>\$ 169,223</u>

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

4. FAIR VALUE MEASUREMENT

ASC 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides for a fair value hierarchy that prioritizes the inputs in valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market 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 are described as follows:

- Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 - Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The description of the valuation methodologies used for assets measured at fair value appear in Note 2. There have been no changes in the methodologies used at December 31, 2024 and 2023.

The methods described in Note 2 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 methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

	December 31, 2024	
	<u>Fair Value</u>	<u>(Level 1)</u>
Registered investment companies (Mutual funds)	\$ 1,610,490	\$ 1,610,490
Total assets in the fair value hierarchy	<u>1,610,490</u>	<u>\$ 1,610,490</u>
Variable annuity contracts	5,776,791	
Pooled separate accounts	<u>225,783</u>	
Total assets measured at net asset value (a)	<u>6,002,574</u>	
Investments at fair value	<u>\$ 7,613,064</u>	

**GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

4. FAIR VALUE MEASUREMENT

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

	December 31, 2023	
	<u>Fair Value</u>	<u>(Level 1)</u>
Registered investment companies (Mutual funds)	\$ 1,242,755	\$ 1,242,755
Total assets in the fair value hierarchy	<u>1,242,755</u>	<u>\$ 1,242,755</u>
Variable annuity contracts	5,249,018	
Pooled separate accounts	<u>277,589</u>	
Total assets measured at net asset value (a)	<u>5,526,607</u>	
Investments at fair value	<u>\$ 6,769,362</u>	

a) In accordance with 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 a reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Fair Value Estimated Using Net Asset Value Per Share

The following table sets forth a summary of the Plan's investments with a reported estimated fair value using net asset value per share as of:

	<u>Fair Value at December 31,</u>		<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
	<u>2024</u>	<u>2023</u>	<u>Commitments</u>	<u>Frequency</u>	<u>Notice</u>
					<u>Period</u>
Pooled separate account	\$ <u>225,783</u>	\$ <u>277,589</u>	None	Daily	Daily
Variable annuity contracts	\$ <u>5,776,791</u>	\$ <u>5,249,018</u>	None	Daily	Daily

5. INVESTMENT IN POOLED SEPARATE ACCOUNTS

The Plan has investments in pooled separate accounts provided under a group contract issued by TIAA-CREF, the TIAA Real Estate Account (REA). The REA, a variable annuity, invests mainly in real estate and real estate-related investments. The fair value is derived from the fair value of the underlying real estate holdings or other real estate-related investments. Unit values are calculated daily.

The REA units are available for transactions daily. Transfers are limited to one per quarter. TIAA-CREF ensures that REA has funds available to meet participant redemption, transfer or withdrawal requests. The investment is presented at ending fair value, as reported by TIAA-CREF.

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

6. INVESTMENT IN GENERAL ACCOUNT CONTRACTS

The Plan offers two fixed annuity contracts with TIAA-CREF (Teachers Insurance and Annuity Association of America and College Retirement Equities Fund), which are fully and unconditionally guaranteed by TIAA. TIAA-CREF deposits participant contributions to these contracts in a general account, the TIAA Traditional Annuity. The account is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses.

The contracts are included in the financial statements at contract value as reported to the Plan by TIAA-CREF. Contract value represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. The average yield and crediting interest rate was approximately 4.36% and 4.65% for 2024 and 2023, respectively. The crediting interest rate is determined by TIAA-CREF and is credited at an annual effective yield that is at least equal to 1.0%. In addition, TIAA-CREF guarantees a minimum average annual effective yield over time generally 3.0%, but in some recent contracts between 1.0% and 3.0%. Additional interest, when declared remains in effect for the “declaration year,” which begins each March 1. Additional interest is not guaranteed for future years. When the contract valuation accumulation (plan asset) of TIAA Traditional is converted to an annuity (plan withdrawal) based on life expectancy, the present value of the stream of payments is equal to the accumulation. The TIAA Traditional Annuity is fully and unconditionally guaranteed and backed by the claims-paying ability of TIAA. TIAA currently holds top rating from all four leading insurance company rating agencies for its financial strength and claims-paying ability.

The Plan offers a fixed annuity contract with VRIAC (Voya Retirement Insurance and Annuity Company), which is fully and unconditionally guaranteed by VRIAC. VRIAC deposits participant contributions to this contract in a general account, the Voya Fixed Account (4635). The account is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses.

The contract is included in the financial statements at contract value as reported to the Plan by VRIAC. Contract value represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. The average yield and crediting interest rate was approximately 3.00% and 1.80% for 2024 and 2023, respectively. The crediting interest rate is determined by VRIAC and is credited at an annual effective yield that is at least equal to 1.0%. In addition, VRIAC guarantees a minimum average annual effective yield over time generally 3.0%, but in some recent contracts between 1.0% and 3.0%. Additional interest, when declared remains in effect for the “declaration year,” which begins each March 1. Additional interest is not guaranteed for future years. When the contract valuation accumulation (plan asset) of Voya Fixed Account is converted to an annuity (plan withdrawal) based on life expectancy, the present value of the stream of payments is equal to the accumulation. The Voya Fixed Account is fully and unconditionally guaranteed and backed by the claims-paying ability of VRIAC. VRIAC currently holds top rating from all four leading insurance company rating agencies for its financial strength and claims-paying ability.

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

7. PARTIES-IN-INTEREST

The Plan and the sponsor are considered related parties based upon shared management and certain shared Board of Trustee members. The following organizations are considered parties-in-interest based upon services provided to the Plan.

Gateway Community Industries, Inc. d/b/a Gateway Hudson Valley	Plan Sponsor
Mengel, Metzger, Barr & Co. LLP	Plan audit firm
TIAA-CREF	Custodian and Recordkeeper of Plan Assets
Voya Financial Advisors	Third Party Administrator
Voya Retirement Insurance and Annuity Company	Custodian and Recordkeeper of Plan Assets
Wells Fargo Advisors Financial Network	Investment Manager

For the years ended December 31, 2024 and 2023, there were no prohibited transactions between either the related parties and the Plan or the parties-in-interest.

TIAA-CREF provides investment, administration and recordkeeping services to the Plan. These services are paid for by the Plan and, therefore, qualify as party-in-interest transactions. Fees paid by the Plan for these services are included in the net appreciation in fair value of investments. For the years ended December 31, 2024 and 2023, TIAA-CREF, was paid \$22,140 and \$27,626, respectively, for third party administration services.

For the years ended December 31, 2024 and 2023, Voya Financial Advisors was paid \$7,916 and \$5,729, respectively, for third party administration services. These amounts are included in the administrative expenses on the statements of changes in net assets available for benefits.

8. RISKS AND UNCERTAINTIES

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

9. TAX STATUS

The Internal Revenue Services has determined and informed the prototype sponsor by letter dated March 31, 2017, that the Plan is qualified, and the trust established under the plan is tax-exempt, under the appropriate sections of the Internal Revenue Code (IRC). Although the plan has been amended since receiving the determination letter, the Plan administrator and the Plan's trust tax counsel believes that the Plan is designed and is currently being operated in compliance with the requirements of Section 403(b) of the Internal Revenue Code and, as such, would be exempt from federal income taxes.

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

9. TAX STATUS

Accounting principles generally accepted in the United States of America requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or other applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. CONCENTRATIONS

As of December 31, 2024 and 2023, 83% and 85% of the Plan's investments were with TIAA-CREF, and 17% and 15% of the Plan's investments were with Voya Financial Advisors, respectively. Both are parties-in-interest.

11. SUBSEQUENT EVENTS

Plan management has evaluated events subsequent to the statement of net assets available for benefits date of December 31, 2024 through July 18, 2025, which is the date these financial statements are available to be issued, and has determined that there are no subsequent events that require recording or disclosure.

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
EMPLOYER IDENTIFICATION NO. 14-1458757
PLAN NO. 004
SUPPLEMENTAL INFORMATION
DECEMBER 31, 2024

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

Parties-in- Interest	Identity of Issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost **	Current Value
*	TIAA-CREF	TIAA Traditional Annuity - Benefit Responsive	\$ -	\$ 1,918,189
*	TIAA-CREF	TIAA Real Estate	-	225,783
*	TIAA-CREF	CREF Stock	-	2,300,775
*	TIAA-CREF	CREF Money Market	-	52,834
*	TIAA-CREF	CREF Social Choice	-	208,824
*	TIAA-CREF	CREF Bond Market	-	147,703
*	TIAA-CREF	CREF Global Equities	-	511,695
*	TIAA-CREF	CREF Growth	-	1,284,386
*	TIAA-CREF	CREF Equity Index	-	720,854
*	TIAA-CREF	CREF Inflation-Linked Bond	-	109,995
*	TIAA-CREF	TIAA Access Bond Plus T4	-	11,954
*	TIAA-CREF	TIAA Access Equity Index T4	-	3,525
*	TIAA-CREF	TIAA Access Growth & Income T4	-	10,762
*	TIAA-CREF	TIAA Access International Equity T4	-	62,348
*	TIAA-CREF	TIAA Access Large-Cap Growth T4	-	2,187
*	TIAA-CREF	TIAA Access Large-Cap Value T4	-	26,880
*	TIAA-CREF	TIAA Access Lifecycle 2015 T4	-	664
*	TIAA-CREF	TIAA Access Lifecycle 2020 T4	-	7,561
*	TIAA-CREF	TIAA Access Lifecycle 2030 T4	-	23,954
*	TIAA-CREF	TIAA Access Lifecycle 2045 T4	-	12,437
*	TIAA-CREF	TIAA Access Lifecycle 2050 T4	-	20,278
*	TIAA-CREF	TIAA Access Lifecycle 2025 T4	-	84,703
*	TIAA-CREF	TIAA Access Lifecycle 2035 T4	-	31,410
*	TIAA-CREF	TIAA Access Lifecycle 2040 T4	-	10,234
*	TIAA-CREF	TIAA Access Lifecycle 2055 T4	-	9,783
*	TIAA-CREF	TIAA Access Lifecycle 2060 T4	-	6,178
*	TIAA-CREF	TIAA Access Mid-Cap Growth T4	-	9,736
*	TIAA-CREF	TIAA Access Mid-Cap Value T4	-	29,972
*	TIAA-CREF	TIAA Access Real Estate Securities T4	-	16,389
*	TIAA-CREF	TIAA Access Small-Cap Blend Index T4	-	24,207
*	TIAA-CREF	TIAA Access Small-Cap Equity T4	-	26,611
*	TIAA-CREF	TIAA Access Social Choice Equity T4	-	7,952

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
EMPLOYER IDENTIFICATION NO. 14-1458757
PLAN NO. 004
SUPPLEMENTAL INFORMATION
DECEMBER 31, 2024

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

(a)	(b)	(c)	(d)	(e)
Parties-in-Interest	Identity of Issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost **	Current Value
*	Voya Financial Services	Fidelity 500 Index Fund	\$ -	\$ 75,357
*	Voya Financial Services	JPMorgan Equity Income Fund R6	-	51,718
*	Voya Financial Services	MFS International Growth Fund R6	-	8,815
*	Voya Financial Services	Vanguard International Value Fund Inv	-	65
*	Voya Financial Services	Vanguard LifeStrat Cnsvr Gr Fund Inv	-	94,091
*	Voya Financial Services	Vanguard Life Strat Growth Fund Inv	-	29,458
*	Voya Financial Services	Vanguard Life Small-Cap Index Fund Adm	-	11,934
*	TIAA-CREF	TIAA Access Lifecycle 2065 T4	-	1,015
*	Voya Financial Services	Voya Fixed Account (4635)	-	37,076
*	Voya Financial Services	Voya Index Solution 2025 P Z	-	102,263
*	Voya Financial Services	Voya Index Solution 2030 P Z	-	261,120
*	Voya Financial Services	Voya Index Solution 2035 P Z	-	221,075
*	Voya Financial Services	Voya Index Solution 2040 P Z	-	248,283
*	Voya Financial Services	Voya Index Solution 2045 P Z	-	122,467
*	Voya Financial Services	Voya Index Solution 2050 P Z	-	121,088
*	Voya Financial Services	Voya Index Solution 2055 P Z	-	114,727
*	Voya Financial Services	Voya Index Solution 2060 P Z	-	40,339
*	Voya Financial Services	Voya Index Solution Income Port Z	-	63,663
*	Voya Financial Services	VY T Rowe Price Capital Appreciation Portfolio	-	19,389
*	Voya Financial Services	BlackRock Mid-Cap Grw Eq Por K	-	23,623
*	Participant Loans	Interest at 4.25% - 8.50%, monthly payments, and various maturity dates through March 2027	-	16,517
			<u>\$ -</u>	<u>\$ 9,584,846</u>

* Indicates that the issuer is a party-in-interest as defined in the Employee Retirement Income Security Act of 1974.

** Cost omitted as all investments are participant directed.

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
EMPLOYER IDENTIFICATION NO. 14-1458757
PLAN NO. 004
SUPPLEMENTAL INFORMATION
DECEMBER 31, 2024

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

Parties-in- Interest	Identity of Issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost **	Current Value
*	TIAA-CREF	TIAA Traditional Annuity - Benefit Responsive	\$ -	\$ 1,918,189
*	TIAA-CREF	TIAA Real Estate	-	225,783
*	TIAA-CREF	CREF Stock	-	2,300,775
*	TIAA-CREF	CREF Money Market	-	52,834
*	TIAA-CREF	CREF Social Choice	-	208,824
*	TIAA-CREF	CREF Bond Market	-	147,703
*	TIAA-CREF	CREF Global Equities	-	511,695
*	TIAA-CREF	CREF Growth	-	1,284,386
*	TIAA-CREF	CREF Equity Index	-	720,854
*	TIAA-CREF	CREF Inflation-Linked Bond	-	109,995
*	TIAA-CREF	TIAA Access Bond Plus T4	-	11,954
*	TIAA-CREF	TIAA Access Equity Index T4	-	3,525
*	TIAA-CREF	TIAA Access Growth & Income T4	-	10,762
*	TIAA-CREF	TIAA Access International Equity T4	-	62,348
*	TIAA-CREF	TIAA Access Large-Cap Growth T4	-	2,187
*	TIAA-CREF	TIAA Access Large-Cap Value T4	-	26,880
*	TIAA-CREF	TIAA Access Lifecycle 2015 T4	-	664
*	TIAA-CREF	TIAA Access Lifecycle 2020 T4	-	7,561
*	TIAA-CREF	TIAA Access Lifecycle 2030 T4	-	23,954
*	TIAA-CREF	TIAA Access Lifecycle 2045 T4	-	12,437
*	TIAA-CREF	TIAA Access Lifecycle 2050 T4	-	20,278
*	TIAA-CREF	TIAA Access Lifecycle 2025 T4	-	84,703
*	TIAA-CREF	TIAA Access Lifecycle 2035 T4	-	31,410
*	TIAA-CREF	TIAA Access Lifecycle 2040 T4	-	10,234
*	TIAA-CREF	TIAA Access Lifecycle 2055 T4	-	9,783
*	TIAA-CREF	TIAA Access Lifecycle 2060 T4	-	6,178
*	TIAA-CREF	TIAA Access Mid-Cap Growth T4	-	9,736
*	TIAA-CREF	TIAA Access Mid-Cap Value T4	-	29,972
*	TIAA-CREF	TIAA Access Real Estate Securities T4	-	16,389
*	TIAA-CREF	TIAA Access Small-Cap Blend Index T4	-	24,207
*	TIAA-CREF	TIAA Access Small-Cap Equity T4	-	26,611
*	TIAA-CREF	TIAA Access Social Choice Equity T4	-	7,952

GATEWAY COMMUNITY INDUSTRIES 403(b) TDA PLAN
EMPLOYER IDENTIFICATION NO. 14-1458757
PLAN NO. 004
SUPPLEMENTAL INFORMATION
DECEMBER 31, 2024

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

(a)	(b)	(c)	(d)	(e)
Parties-in-Interest	Identity of Issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost **	Current Value
*	Voya Financial Services	Fidelity 500 Index Fund	\$ -	\$ 75,357
*	Voya Financial Services	JPMorgan Equity Income Fund R6	-	51,718
*	Voya Financial Services	MFS International Growth Fund R6	-	8,815
*	Voya Financial Services	Vanguard International Value Fund Inv	-	65
*	Voya Financial Services	Vanguard LifeStrat Cnsvr Gr Fund Inv	-	94,091
*	Voya Financial Services	Vanguard Life Strat Growth Fund Inv	-	29,458
*	Voya Financial Services	Vanguard Life Small-Cap Index Fund Adm	-	11,934
*	TIAA-CREF	TIAA Access Lifecycle 2065 T4	-	1,015
*	Voya Financial Services	Voya Fixed Account (4635)	-	37,076
*	Voya Financial Services	Voya Index Solution 2025 P Z	-	102,263
*	Voya Financial Services	Voya Index Solution 2030 P Z	-	261,120
*	Voya Financial Services	Voya Index Solution 2035 P Z	-	221,075
*	Voya Financial Services	Voya Index Solution 2040 P Z	-	248,283
*	Voya Financial Services	Voya Index Solution 2045 P Z	-	122,467
*	Voya Financial Services	Voya Index Solution 2050 P Z	-	121,088
*	Voya Financial Services	Voya Index Solution 2055 P Z	-	114,727
*	Voya Financial Services	Voya Index Solution 2060 P Z	-	40,339
*	Voya Financial Services	Voya Index Solution Income Port Z	-	63,663
*	Voya Financial Services	VY T Rowe Price Capital Appreciation Portfolio	-	19,389
*	Voya Financial Services	BlackRock Mid-Cap Grw Eq Por K	-	23,623
*	Participant Loans	Interest at 4.25% - 8.50%, monthly payments, and various maturity dates through March 2027	-	16,517
			<u>\$ -</u>	<u>\$ 9,584,846</u>

* Indicates that the issuer is a party-in-interest as defined in the Employee Retirement Income Security Act of 1974.

** Cost omitted as all investments are participant directed.

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210 - 0110 1210 - 0089 <hr/> <div style="text-align: center; font-size: 24pt; font-weight: bold;">2024</div> <hr/> This Form is Open to Public Inspection
---	---	--

Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
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 GATEWAY COMMUNITY INDUSTRIES 403(B) TDA PLAN	1b Three-digit plan number (PN) ▶ <u>004</u>
	1c Effective date of plan <u>01/01/2009</u>
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) GATEWAY COMMUNITY INDUSTRIES 403(B) TDA 1 AMY KAY PARKWAY KINGSTON NY 12401-6446	2b Employer Identification Number (EIN) <u>14-1458757</u>
	2c Plan Sponsor's telephone number 2d Business code (see instructions) <u>624310</u>

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.

X		<u>7/22/2025</u>	BRIAN SCHNEIDER
SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	403
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)	158
a (2) Total number of active participants at the end of the plan year	6a(2)	150
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	224
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	374
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	9
f Total. Add lines 6d and 6e	6f	383
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)	363
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	343
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:
2F 2G 2M 3D

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 2 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
---	--

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____