

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TAX DEFERRED ANNUITY PLAN OF GLOBAL FOOTPRINT NETWORK, INC
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/01/2007
2a Plan sponsor's name (employer, if for a single-employer plan): GLOBAL FOOTPRINT NETWORK
2b Employer Identification Number (EIN): 73-1672982
2c Sponsor's telephone number: 510-459-5820
2d Business code (see instructions): 541990
3a Plan administrator's name and address: [X] 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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 14
5b Total number of participants at the end of the plan year: 13
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 14
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 13
5d(1) Total number of active participants at the beginning of the plan year: 0
5d(2) Total number of active participants at the end of the plan year: 0
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: MATHIS WACKERNAGEL, 07/24/2025, plan administrator. Row 2: MATHIS WACKERNAGEL, 07/24/2025, employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	993925	1163063
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	993925	1163063
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	179336	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		179336
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10150	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	48	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		10198
i Net income (loss) (subtract line 8h from line 8c)	8i		169138
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		60
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. _____ Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

Summary of Saving and Investment Options for the Plan Year Ending December 31, 2024

Date: **Jun 05, 2025**
Plan Name: **Global Footprint Network, Inc.**

EIN Number: **73-1672982**
Plan Number(s): **907462**
SPD: **001**

Saving Option	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
Mutual of America Interest Accumulation Account	\$67,898.91	\$0.00	\$0.00	\$0.00	-\$1,510.88	\$0.00	-\$24.00	\$2,004.88	\$68,368.91

Separate Account Investment Option	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
DWS Capital Growth VIP	\$190,113.19	\$0.00	\$0.00	\$0.00	\$11.48	\$0.00	\$0.00	\$47,996.61	\$238,121.28
Fidelity VIP Equity-Income Portfolio	\$54,617.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,721.45	\$62,339.44
Fidelity VIP Contrafund Portfolio	\$117.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$28.80	\$35.36	\$123.68
MoA Equity Index Fund	\$324,642.48	\$0.00	\$0.00	\$0.00	\$9.14	\$0.00	\$0.00	\$76,214.16	\$400,865.78
Neuberger Berman AMT Sustainable Equity Portfolio	\$37,017.67	\$0.00	\$0.00	\$0.00	-\$3,951.05	\$0.00	\$0.00	\$8,498.19	\$41,564.81
Invesco V.I. Main Street Fund	\$1,738.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.20	\$387.78	\$2,127.56
T. Rowe Price Blue Chip Growth Portfolio	\$36,194.93	\$0.00	\$0.00	\$0.00	\$2.25	\$0.00	\$0.00	\$12,363.70	\$48,560.88

Separate Account Investment Option	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
Vanguard VIF Diversified Value Portfolio	\$35,188.81	\$0.00	\$0.00	\$0.00	\$1.64	\$0.00	\$0.00	\$4,801.05	\$39,991.50
MoA Mid Cap Value Fund	\$6,011.41	\$0.00	\$0.00	\$0.00	-\$1,630.64	\$0.00	\$0.00	\$461.08	\$4,841.85
MoA Small Cap Growth Fund	\$37,358.08	\$0.00	\$0.00	\$0.00	\$1.88	\$0.00	\$0.00	\$3,262.31	\$40,622.27
MoA Small Cap Value Fund	\$6,070.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$611.97	\$6,682.21
Victory RS Small Cap Growth Equity VIP Series	\$13,376.62	\$0.00	\$0.00	\$0.00	\$0.76	\$0.00	\$0.00	\$1,474.39	\$14,851.77
MoA Core Bond Fund	\$1,474.95	\$0.00	\$0.00	\$0.00	-\$1,130.89	\$0.00	\$0.00	-\$9.37	\$334.69
MoA Intermediate Bond Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MoA Money Market Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$10,143.04	-\$10,149.62	\$0.00	\$6.58	\$0.00
MoA International Fund	\$6,192.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.62	\$6,443.56
Vanguard VIF International Portfolio	\$86,812.05	\$0.00	\$0.00	\$0.00	-\$1,914.00	\$0.00	\$1.20	\$6,761.87	\$91,661.12
Vanguard VIF Real Estate Index Portfolio	\$49,608.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,790.39	\$51,398.54
Calvert VP SRI Balanced Portfolio	\$4,694.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$859.98	\$5,554.73
MoA Aggressive Allocation Fund	\$12,526.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.20	\$1,502.92	\$14,030.66
MoA Balanced Fund	\$2,415.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$393.47	\$2,809.06
MoA Conservative Allocation Fund	\$7,549.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$522.53	\$8,072.35
MoA Moderate Allocation Fund	\$7,917.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.20	\$797.18	\$8,715.99
MoA Clear Passage 2045 Fund	\$4,381.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$598.36	\$4,980.17

Separate Account Investment Option	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
MoA Clear Passage 2050 Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Separate Account Investment Options Total	\$926,021.33	\$0.00	\$0.00	\$0.00	\$1,543.61	-\$10,149.62	-\$24.00	\$177,302.58	\$1,094,693.90

Loan Fund	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
Loan Fund Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Summary of Saving and Investment Options	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
Plan Total	\$993,920.24	\$0.00	\$0.00	\$0.00	\$32.73	-\$10,149.62	-\$48.00	\$179,307.46	\$1,163,062.81

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



Ben Moser
 Senior Vice President
 Administrative Operations

Form 5500 Schedule A Information

Insurance Information

Employer Name: **Global Footprint Network, Inc.** EIN Number: **73-1672982**
 Plan Type: **TDA** Plan Number: **907462**
 Plan Year: **1/1/2024 to 12/31/2024**
 Address: **1528 Webster St, Oakland, CA 94612-3314**

Schedule A requests information about insurance contracts issued in connection with retirement plans and welfare plans. Schedule A is filed as an attachment to Form 5500.

In general, a retirement or welfare plan must file a copy of Schedule A for each insurance contract that provides benefits to its participants. The following instructions are intended to help you file Schedule A for insurance contracts issued by Mutual of America Life Insurance Company. You should refer to the official instructions to Schedule A for guidance if your plan has additional contracts issued by other insurance carriers. You should file a separate Schedule A for each insurance contract issued in connection with your plan.

Part II: Investment and Annuity Contract Information

The following information is derived from the Pension Fund report provided to you and certified pursuant to 29 CFR 2520.103-5(c) as complete and accurate by the Mutual of America Life Insurance Company based upon information in our records.

(4)	Value of plan's interest in the General Account at the end of the Plan Year Fund Report page 2 Summary of the General Account Line 8 total closing balance	\$68,369
(5)	Value of plan's interest in the Separate Account at the end of the Plan Year Fund Report page 3 Summary of the Separate Account Line 8 total closing balance	\$1,094,694
(7a)	Type of Contract - Deposit Administration	
(7b)	Balance at end of Previous Year Fund Report page 2 Summary of the General Account Line 1 total opening balance	\$67,899

7c(1)	Contributions deposited during the year	\$0
7c(3)	Interest Credited during the year	\$2,005
7c(4)	Transfer from Separate Account	\$0
7c(5)	Other (Account Transfers)	\$66,890
7c(6)	Total additions	\$68,895
7(d)	Total of balance and additions	\$136,794
7e(1)	Benefits Paid from Fund	\$0
7e(2)	Administration Charge made by carrier	(\$24)
7e(3)	Transfer to Separate Account	(\$1,511)
7e(4)	Other	(\$66,890)
7e(5)	Total Deductions	(\$68,425)
7f	Balance at the end of the current Plan Year	\$68,369

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Form 5500 Schedule Of Fees Service Providers Information

Employer Name: **Global Footprint Network, Inc.** EIN Number: **73-1672982**
Plan Number: **907462** Plan Type: **TDA**
Plan Year: **1/1/2024 to 12/31/2024**
Address: **1528 Webster St, Oakland, CA 94612-3314**

The reporting and transparency of fees charged to plan participants is an important initiative for the Department of Labor. As such, fees are reported, if applicable on Schedules A, C, H, and the Form 5500 SF. Several of the fees are reported on multiple schedules. This document, in addition to the annual fee disclosures and the prospectus, provides a summary of these fees which are included in the annual filing.

Fees Reported on Schedule A

Mutual of America conducts its business exclusively through its own salaried employees, including Regional Office sales personnel, and does not pay any commissions or fees to them, or to any independent agents, brokers, or other persons, with respect to the sale or retention of insurance contracts issued in conjunction with employee pension benefit plans and employee welfare benefit plans. Although guidance issued by the DOL concerning reporting of “commissions and fees” in Schedule A does not directly address Mutual of America’s circumstances, it appears that a portion of discretionary, variable compensation we may pay to Regional Office sales personnel, may be deemed to be indirectly attributable to insurance contracts we issue in conjunction with employee pension benefit plans and, therefore, subject to Schedule A reporting as “fees.” For these purposes, we have allocated a portion of the compensation paid to sales personnel in each Regional Office in a calendar year to each insurance contract we issued in conjunction with an employee pension benefit plan, together with other amounts we understand are required to be taken into account under DOL guidance, by applying the ratio of each such insurance contract’s premium received in the immediately preceding calendar year to the total premiums received in the immediately preceding calendar year for all contracts and policies for each Regional Office. It is important to note that these “fees” are not paid by the Employer, nor are they deducted from plan assets, and they do not affect fund performance. Rather, these amounts are paid by Mutual of America to its own employees from its own assets based, in part, on amounts placed or held in group annuity contracts. DOL guidance permits such allocations to be made on a calendar year basis even though our recordkeeping procedures for insurance contracts issued in conjunction with employee pension benefit plans or employee welfare benefit plans that do not have calendar-year plan years reflect such non-calendar-year plan years.

Persons Receiving Commissions and Fees:

Name and address of Consultants to whom commissions or fees were paid:	San Francisco Regional Office 1646 North California Boulevard Suite 680 Walnut Creek, CA, 94596
Amount Of Commissions Paid:	No base or sales commissions paid.
Fees Paid:	\$22
Purpose:	Portion of incentive comp. program.
Organization Code:	3

The Plan is required to provide information about any individuals and organizations that provide accounting, actuarial, legal, recordkeeping and other services to your plan during the Plan Year.

Direct Compensation

Direct Compensation is, generally, compensation received directly from the plan or plan sponsor. The Form 5500 requires Plan Administrators to detail the expenses paid by the plan or by the plan Administrator in the operation of the plan. The Direct Compensation received by Mutual of America from your plan is detailed below:

Summary of Direct Compensation
Mutual of America Life Insurance Company

Participant Fees

Description of Fee	Schedule C	Schedule H	Amount
Participant Admin Charge	Line 2 (D)	Line 2(i)11	(\$60)

Contract Fees

Description of Fee	Schedule H	Amount
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Schedule C Indirect Compensation

Schedule C Indirect Compensation is compensation received from sources other than directly from the plan or plan sponsor. One category of indirect compensation is "Eligible Indirect Compensation." This type of compensation is eligible to use an alternative reporting rule that allows service providers, such as Mutual of America, to provide formulas used to calculate such compensation for fees associated with items such as the pooled separate accounts and compensation derived from insurance company general accounts. The following is the required disclosure necessary to use the alternative reporting option.

Schedule C Eligible Indirect Compensation

We deduct several charges from the net assets of each Separate Account fund for purposes of the Form 5500 Schedule C as Eligible Indirect Compensation. The administrative charges are defined in the applicable Mutual of America Prospectuses, Brochures and Fee Disclosure and Important Notice documents.

In accordance with DOL Fee Disclosure Regulations, in June 2012, Mutual of America began issuing annual Fee Disclosure and Important Notice documents to employers. These documents contain detailed explanations of services provided by the Company and also describe the methods in which both Direct and Indirect Compensation is received.

Information on Persons Receiving Only Eligible Indirect Compensation
related to Investment Management Services (Service Code 28)

(a) Received Eligible Indirect Compensation: **Yes**

Service Provider Information

(a) American Century Investments
P.O. Box 419200
4500 Main Street
Kansas City, MO 64141

(b) American Funds
333 South Hope Street
Los Angeles, CA 90071

(c) Calvert Research and Management
1825 Connecticut Avenue NW
Suite 400
Washington, DC 20009

(d) Delaware Funds by Macquarie
PO Box 9876
Providence, RI 02940

(e) DWS
210 West 10th Street
Kansas City, MO 64105

(f) Fidelity Investments
82 Devonshire Street
Boston, MA 02109

(g) Goldman Sachs
200 West Street
New York, NY 10282

(h) Invesco
11 Greenway Plaza
Ste. 2500
Houston, TX 77046

- (i) MFS
111 Huntington Avenue
Boston, MA 02199

- (j) Mutual of America
320 Park Ave
New York, NY 10022

- (k) Neuberger Berman
1290 Avenue of the Americas
New York, NY 10104

- (l) PIMCO
840 Newport Center Drive
Suite 100
Newport Beach, CA 92660

- (m) T. Rowe Price
100 East Pratt Street
Baltimore, MD 21202

- (n) Vanguard
100 Vanguard Boulevard
Malvern, PA 19355

- (o) Victory Capital Management Inc.
15935 La Cantera Parkway
Building Two
San Antonio, TX 78256

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Oakland, July 24, 2025

Mathis Wackernagel, board member
Global Footprint Network Inc
ENI 73-1672982

RE: Reason for not answering line 15 on Form 5500 SF

Dear IRS,

We are writing in response to the need to submit Form 5500-SF for our organization covering the year 2024. I am performing this as a volunteer and board member.

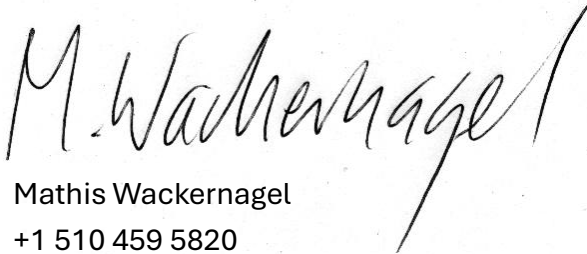
In previous years, we relied on administrative staff and a payroll service provider to manage our filings. However, due to a leadership transition in 2023 that resulted in a significant drop in revenue and exposed critical administrative weaknesses, our organizational capacity is diminished, and we have not had any further contributions to our 401(k) this year.

As a result, I am not familiar with the new requirements, particularly Line 15 asking “If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter (MM/DD/YYYY) and the Opinion Letter serial number.” I do not have such an opinion letter, and the Mutual of America platform did not have one for download either. Also, 14 a I answered with “no” since we do not have any other plan available.

For reference, I also included all the reports provided to us by Mutual of America.

I hope this then satisfies your needs.

If you require any additional information, please do not hesitate to contact me directly at mathis@footprintnetwork.org.



Mathis Wackernagel
+1 510 459 5820