

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan): VISITING NURSE ASSOCIATION OF ALBANY, INC.
2b Employer Identification Number (EIN): 14-1340125
2c Plan Sponsor's telephone number: 518-489-2681
2d Business code (see instructions): 621610

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	178
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	100
	<b>6a(2)</b>	106
	<b>6b</b>	0
	<b>6c</b>	80
	<b>6d</b>	186
	<b>6e</b>	0
	<b>6f</b>	186
	<b>6g(1)</b>	152
	<b>6g(2)</b>	156
<b>h</b>	12	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**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**

<b>A</b> Name of plan VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN	<b>B</b> Three-digit plan number (PN) ▶ 002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF ALBANY, INC.	<b>D</b> Employer Identification Number (EIN) 14-1340125

**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>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
71-0294708	86509	VC3364	24	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.

<b>(a)</b> Total amount of commissions paid 2832	<b>(b)</b> Total amount of fees paid 0
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
CETERA ADVISOR NETWORKS LLC  
200 N. SEPULVEDA BLVD  
SUITE 1200  
EL SEGUNDO, CA 90245

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
2832			4

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	1264247
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	1650957

**6** Contracts With Allocated Funds:

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

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

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

**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 ▶

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

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

<b>6b</b>	
<b>6c</b>	
<b>6d</b>	

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	1332731
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	0
	<b>7c(3)</b>	51040
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	1383771
<b>e</b> Deductions:		
	<b>7e(1)</b>	67721
	<b>7e(2)</b>	154
	<b>7e(3)</b>	51649
	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>	119524
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	1264247

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**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**

<b>A</b> Name of plan VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN	<b>B</b> Three-digit plan number (PN) ▶ 002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF ALBANY, INC.	<b>D</b> Employer Identification Number (EIN) 14-1340125

**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  
EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
93-1225432	60214	590134-01	9	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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	258527
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	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 ▶ <b>GROUP ANNUITY CONTRACT</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 249716
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 1758
	(2) Dividends and credits.....	<b>7c(2)</b> 0
	(3) Interest credited during the year.....	<b>7c(3)</b> 4404
	(4) Transferred from separate account .....	<b>7c(4)</b> 6497
	(5) Other (specify below)..... ▶ <b>FORFEITURES</b>	<b>7c(5)</b> 13310
	(6) Total additions .....	<b>7c(6)</b> 25969
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 275685
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 219
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 1440
	(3) Transferred to separate account .....	<b>7e(3)</b> 15499
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 17158	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 258527

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION OF ALBANY, INC.	<b>D</b> Employer Identification Number (EIN) 14-1340125	

**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

VOYA RETIREMENT INSURANCE AND ANNUI

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

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

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

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

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

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

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

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

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

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

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

MORGAN STANLEY

1585 BROADWAY  
NEW YORK, NY 10036

(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?
27	INVESTMENT ADVISOR	34799	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)

EMPOWER LIFE & ANNUITY INSURANCE CO

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

93-1225432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	26158	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

THE ANGELL PENSION GROUP, INC.

88 BOYD AVENUE  
EAST PROVIDENCE, RI 02914

(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	TPA	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6212	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	2106	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)

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

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

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

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE ANGELL PENSION GROUP, INC.	13	6212

(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.	
EMPOWER LIFE & ANNUITY INSURANCE CO 93-1225432 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT	

(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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VISITING NURSE ASSOCIATION OF ALBANY, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>14-1340125</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS BOND FD AM R4</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE &amp; ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2996</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC R4</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE &amp; ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1431</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS GROWTH FND R4</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE &amp; ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>136010</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS WASH MTUAL R4</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE &amp; ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>181741</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLK RCK HLTH SCI OPPORT PRT IA</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE &amp; ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0194708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>37050</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CALVERT VP SRI BALANCED PORT</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE &amp; ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>55340</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY VIP CONTRAFUND PT I</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE &amp; ANNUITY COMPANY</u>				
<b>c</b> EIN-PN <u>71-0294708-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>211321</u>	

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQTY-INC PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21290
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH PORT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154867
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VAL VIP 2		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3673
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: IMPAX SUST ALLOC FUND INV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9537
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INV DEV MRKTS FD A		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9971
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI AMR FRANCHISE FD I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 978
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT SRS FD MC ST PT VC		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6076
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MACQ SCIENCE AND TECHNOLOGY Y		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59882
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERG BERM SUS EQU FD TRS		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3173
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO VIT REAL RETURN PORT ADM		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3140

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND A		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2100
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY BARON GROWTH PORT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4084
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VT CBRE GLB Riest PRT INS		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2099
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY CBRE RL ESTATE PRT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0284708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54566
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY COL CONTR CORE PORT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2080
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY INVESCO COMSTOCK PORT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20442
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY INVESCO EQTY & INC PT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31469
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY JPM EMRG MKTS EQ PORT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8545
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR CAP APPREC PORT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25143
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR DIVR MDCP GR PT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13272

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR EQTY INCOME PRT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2073
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR GRW EQTY PT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57253
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOY INTL HI DIV LOW VOL PORT-IN		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20782
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA FIXED ACCOUNT 4669		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1264247
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLO HI DIV LOW VOL PRF I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9337
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLOB INSIGHTS PORT INIT		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5057
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLOBAL BOND PORT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GROWTH AND INCOME PORT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88661
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS LARGE CAP PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85633
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS MIDCAP PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12878

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS SMALLCAP PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7113
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERMEDIATE BOND PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63467
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERNATIONAL IND PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39180
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP GROWTH PRT INS		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 904
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP VALUE PORT INS		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 843
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA MID CAP OPPORT PORT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11641
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL MDCP INDX PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26815
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMALL COMPANY PORT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15113
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2025 PORT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17747
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2035 PORT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY		
<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116632

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION AGGRESS PT I

**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY

<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7326
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA STRATEGIC ALLOC GRW PRT I

**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY

<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WANGER ACORN

**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY COMPANY

<b>c</b> EIN-PN 71-0294708-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>VISITING NURSE ASSOCIATION OF ALBANY, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>14-1340125</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	40420	50312
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	1393843	1650957
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	5553740	6122156
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	1582447	1522774
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	8570450	9346199
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	8570450	9346199

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	107561	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	319075	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	221877	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		648513
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	3663	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3663
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	220982	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		220982
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		817762
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1690920

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	851669	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		851669
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	63502	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		63502
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		915171

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		775749
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BERRY DUNN MCNEIL & PARKER (NY),LLC**

(2) EIN: **47-4404499**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>VISITING NURSE ASSOCIATION OF ALBANY 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>VISITING NURSE ASSOCIATION OF ALBANY, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>14-1340125</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 93-1225432 71-0294708

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500419A.



# Visiting Nurse Association of Albany 403(b) Plan

FINANCIAL STATEMENTS

and

SUPPLEMENTAL SCHEDULE

December 31, 2024 and 2023

With Independent Auditor's Report



## INDEPENDENT AUDITOR'S REPORT

Plan Administrator  
Visiting Nurse Association of Albany 403(b) Plan

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

We have performed audits of the financial statements of Visiting Nurse Association of Albany 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. 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 banks or similar institutions or insurance carriers that are 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 banks or similar institutions or insurance carriers in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institutions).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 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 referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2 to the financial statements.
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with U.S. generally accepted auditing standards (U.S. 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 the 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.

### **Basis of Accounting**

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than U.S. generally accepted accounting principles. Our opinion is not modified with respect to that matter.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting. This includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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 U.S. 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 U.S. 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 certifications, 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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 of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. 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 U.S. 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.

Plan Administrator  
Visiting Nurse Association of Albany 403(b) Plan

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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL'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 qualified institutions agrees to or is derived from, in all material respects, the information prepare and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

*Berry Dunn McNeil & Parker (NY), LLC*

Manchester, New Hampshire  
August 29, 2025

VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

Statements of Net Assets Available for Benefits (Modified Cash Basis)

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments		
Mutual funds, at fair value	\$ 6,122,156	\$ 5,553,740
Pooled separate accounts, at fair value	1,650,957	1,393,843
Guaranteed investment contracts, at contract value	<u>1,522,774</u>	<u>1,582,447</u>
Total investments	9,295,887	8,530,030
Notes receivable from participants	<u>50,312</u>	<u>40,420</u>
Net assets available for benefits	\$ <u>9,346,199</u>	\$ <u>8,570,450</u>

---

The accompanying notes are an integral part of these financial statements.

## VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

### Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Year Ended December 31, 2024

Additions to net assets	
Investment income and interest on notes receivable from participants	
Net appreciation in fair value of investments	\$ 817,762
Interest and dividends	<u>224,645</u>
Total investment income and interest on notes receivable from participants	<u>1,042,407</u>
Contributions	
Participants'	319,075
Employer	107,561
Rollovers	<u>221,877</u>
Total contributions	<u>648,513</u>
Total additions	<u>1,690,920</u>
Deductions from net assets	
Benefits paid to participants	851,669
Administrative expenses	<u>63,502</u>
Total deductions	<u>915,171</u>
Net increase in net assets available for benefits	775,749
Net assets available for benefits	
Beginning of year	<u>8,570,450</u>
End of year	\$ <u><u>9,346,199</u></u>

---

The accompanying notes are an integral part of these financial statements.

**VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN**

**Notes to Financial Statements**

**December 31, 2024 and 2023**

**1. Description of Plan**

The following description of the Visiting Nurse Association of Albany 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

**General**

The Plan is a tax-exempt defined contribution retirement plan sponsored by The Visiting Nurse Association of Albany, Inc. (the Association). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Empower Trust Company, LLC (Empower), Empower Life & Annuity Insurance Company of New York (ELANY), and The Voya Retirement Insurance and Annuity Company (Voya) (collectively, the custodians) are the custodians of the Plan. Empower Life & Annuity Insurance Company is the recordkeeper for the Plan.

**Eligibility**

Association employees are eligible to participate in the Plan and begin making salary deferrals upon hire. Eligibility for the employer match and non-elective contributions begins on the first day of the month coinciding with or immediately following completion of one year of 1,000 hours of service and attainment of age 21. Employees who are non-resident aliens, part-time employees who normally work less than 20 hours per week, and employees who were hired as or changed to per-diem after January 1, 2008 are not allowed to participate in the Plan.

**Contributions**

Each year, eligible participants may make contributions to the Plan through salary deferrals on a pre-tax basis up to 100% of eligible compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans. The maximum amount that a participant may contribute is limited by provisions of the Internal Revenue Code (the Code).

The Plan provides for a discretionary matching contribution. For 2024, the discretionary matching contribution is equal to a fixed percentage based on years of services as follows:

<u>Years of Service</u>	<u>Discretionary Matching Contribution</u>
1 - 10	100% of the first 2.0% compensation deferred
10 - 20	100% of the first 3.5% compensation deferred
20 - 25	100% of the first 4.0% compensation deferred
25+	100% of the first 4.5% compensation deferred

**VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN**

**Notes to Financial Statements**

**December 31, 2024 and 2023**

The Association will also make a non-elective employer contribution to all eligible plan participants. This is a contribution the employer will make to the Plan which is unrelated to whether elective deferrals are made to the Plan. The Association contributed 1% of each participant's annual compensation to the Plan in 2024.

**Participant Accounts**

Individual accounts are maintained for each plan participant. Each participant's account is adjusted for the participant's and employer's contributions and an allocation of investment income. A participant's account shall be reduced by any distributions, investment losses, and certain administrative expenses. Allocations are based on participants' earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Investments**

Upon enrollment in the Plan, participants direct the investment of their contributions into various mutual funds, pooled separate accounts and a group annuity contract held by Empower, as offered by the Plan. Voya is closed to new participants; however, participants with an account balance with Voya may make rollover contributions to the Plan and reallocate their account balance amongst the various investment options offered by the Plan at Empower.

**Vesting**

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Association's discretionary match and non-elective contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service (one year of service is 1,000 hours) as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

**Forfeitures**

Participants who terminate their employment prior to becoming 100% vested forfeit their non-vested account balance. These benefits plus accumulated investment earnings are left in the Plan and will be used to reduce employer matching contributions and plan expenses. At December 31, 2024 and 2023, there were forfeited non-vested account balances of \$4. Forfeitures of \$13,324 were used in 2024 toward employer contributions.

# VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### **Payment of Benefits**

Participants shall become eligible to receive their vested account balances upon retirement (normal retirement age is 65), death, disability, or termination. Participants may withdraw their account balances upon attaining age 59½. In addition, participants may withdraw their elective deferral contributions upon demonstration to the Plan administrator that they are suffering a hardship, as defined in the Code. Participants will receive their benefit payments in a single lump sum payment. A participant who terminates employment with a vested account balance of \$1,000 or greater but less than \$5,000, and does not elect to receive a distribution, will receive an automatic rollover to an individual retirement account. If a participant's account balance is less than \$1,000, a lump sum distribution will be made.

### **Notes Receivable from Participants**

Participants may borrow up to \$50,000, subject to certain limitations and vested account balance, as set forth in the Plan document.

## **2. Summary of Significant Accounting Policies**

### **Basis of Accounting**

The accompanying financial statements have been prepared on the modified cash basis of accounting. Accordingly, certain revenue and related assets are recognized when received, rather than when earned, and certain expenses are recognized when paid, rather than when incurred.

### **Use of Estimates**

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### **Investment Valuation**

Investments are reported at fair value, except for the fully benefit-responsive investment contracts, which are stated at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 of the financial statements for a summary of fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the cash basis. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

# VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### **Notes Receivable from Participants**

Notes receivable from participants are valued using the unpaid principal balance. Interest income on notes receivable from participants is recorded when it is received. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

### **Administrative Expenses**

Certain administrative expenses are paid by the Association.

### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

### **Subsequent Events**

Management has considered transactions or events occurring through August 29, 2025, the date the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

### **3. Fully Benefit-Responsive Investment Contracts**

Investments in the Voya Fixed Account and the ELANY Guaranteed Interest Fund are in insurance company general accounts. Contributions to these investments buy contractual or guaranteed amounts of future benefits for the participant. Interest credited to the investments include a guaranteed rate plus additional amounts established on a year-by-year basis.

The contracts meet the fully benefit-responsive contract criteria and, therefore, are reported at contract value, as reported to the Plan by Voya and Empower. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all, or a portion of, their investment at contract value.

Certain events might limit the ability of the Plan to transact at contract value with the issuers. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

# VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

In addition, certain events allow the issuers to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines; (2) a breach of material obligation under the contract; (3) a material misrepresentation; or (4) a material amendment to the agreement without the consent of the issuers.

#### 4. Income Tax Status

The Plan is a volume submitter plan sponsored by The Angell Pension Group, Inc. The volume submitter plan received a favorable opinion letter dated March 31, 2017. The Plan has been amended since the opinion letter was issued. The plan administrator believes the Plan is currently being operated in compliance with the terms of the Plan and the Code and remains qualified under the Code and applicable regulations and, as such, is exempt from taxes as of the financial statement date.

#### 5. Information Prepared and Certified by Custodians

The investments, investment transactions, net appreciation in fair value of investments, notes receivable from participants' and interest and dividend amounts were obtained by management and agreed to or derived from the information certified by the custodians as complete and accurate. This information is included in the following:

- Statements of Net Assets Available for Benefits (Modified Cash Basis);
- Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis); and
- Schedule H, line 4i - Schedule of Assets (Held at End of Year)

#### 6. Parties-in-Interest

Certain Plan investments are managed by the custodians, and therefore, these transactions qualify as party-in-interest transactions. Administrative expenses reported on the statement of changes in net assets available for benefits (modified cash basis) represent amounts paid to various service providers who are deemed to be parties-in-interest. Recordkeeping fees of \$26,158 were paid to ELANY during 2024. Investment advisor fees of \$34,799 were paid to Morgan Stanley during 2024.

#### 7. Plan Termination

Although it has not expressed any intent to do so, the Association has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA.

# VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### 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 these changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits (modified cash basis).

### 9. Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

*Mutual funds*: Valued using market quotations for shares held by the Plan.

*Pooled separate accounts*: Valued based on Accumulation Unit Values of the underlying fund's daily performance, plus any applicable dividend income, less the daily separate account charge.

**VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN**

**Notes to Financial Statements**

**December 31, 2024 and 2023**

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 6,122,156	\$ -	\$ -	\$ 6,122,156
Pooled separate accounts	<u>-</u>	<u>-</u>	<u>1,650,957</u>	<u>1,650,957</u>
<b>Total</b>	<b>\$ <u>6,122,156</u></b>	<b>\$ <u>-</u></b>	<b>\$ <u>1,650,957</u></b>	<b>\$ <u>7,773,113</u></b>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 5,553,740	\$ -	\$ -	\$ 5,553,740
Pooled separate accounts	<u>-</u>	<u>-</u>	<u>1,393,843</u>	<u>1,393,843</u>
<b>Total</b>	<b>\$ <u>5,553,740</u></b>	<b>\$ <u>-</u></b>	<b>\$ <u>1,393,843</u></b>	<b>\$ <u>6,947,583</u></b>

The following presents a reconciliation of fair value measurements categorized within level 3 of the fair value hierarchy for the year ended December 31, 2024:

	<b><u>Pooled Separate Accounts</u></b>
Balance as of December 31, 2023	\$ 1,393,843
Net appreciation in fair value of investments	249,513
Sales	(44,048)
Purchases	<u>51,649</u>
<b>Balance as of December 31, 2024</b>	<b>\$ <u>1,650,957</u></b>

**VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN**

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

**EIN: #14-1340125 Plan Number: 002**

**December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<b>Empower and ELANY</b>				
	American Funds	2015 Target Date Retirement R6	**	\$ 120,572
	American Funds	2020 Target Date Retirement R6	**	277,790
	American Funds	2025 Target Date Retirement R6	**	558,420
	American Funds	2030 Target Date Retirement R6	**	861,082
	American Funds	2035 Target Date Retirement R6	**	400,911
	American Funds	2040 Target Date Retirement R6	**	434,114
	American Funds	2045 Target Date Retirement R6	**	1,142,627
	American Funds	2050 Target Date Retirement R6	**	246,628
	American Funds	2055 Target Date Retirement R6	**	208,002
	American Funds	2060 Target Date Retirement R6	**	1,146
	American Funds	American Balanced	**	31
	American Funds	New Perspective	**	7,318
	American Funds	Bond Fund of Amer R6	**	9,293
	Blackrock	High Yield Bond Portfolio K	**	2,728
*	Empower	Guaranteed Interest Fund	**	258,527
	Fidelity	Advisory Stock Selector SM CP Z	**	12,928
	John Hancock	International Growth R6	**	9,787
	JP Morgan	Equity Income	**	96,932
	JP Morgan	Large Cap Growth R6	**	86,532
	Oppenheimer	Discovery Mid Cap Growth	**	26
	PIMCO	Income Institutional	**	2,016
	Vanguard	500 Index Admiral	**	570,861
	Vanguard	Developed Markets Index Admiral	**	86,368
	Vanguard	Emerging Markets Stock Index Admiral	**	95,791
	Vanguard	Mid Cap Index Fund Admiral	**	336,053
	Vanguard	Small Cap Index Fund Admiral	**	178,921
	Vanguard	Total Bond Market Index Admiral	**	370,671
	Victory	Sycamore Established Value R6	**	<u>4,608</u>
	Total Empower and ELANY			<u>6,380,683</u>

**VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Continued)**

**EIN: #14-1340125 Plan Number: 002**

**December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<b>Voya</b>			
	American Funds	Bond Fund AM	**	\$ 2,996
	American Funds	EuroPacific	**	1,431
	American Funds	Growth Fund	**	136,010
	American Funds	Wash Mutual	**	181,741
	Black Rock	Health Science Opport Pt IA	**	37,050
	Calvert	VP SRI Balanced Port IA	**	55,340
	Fidelity	VIP Contrafund Pt I	**	211,321
	Fidelity	VIP Equity-Inc Port I	**	21,290
	Fidelity	VIP Growth Port I	**	154,867
	Franklin	Small Cap Val VIP F2	**	3,673
	Impax	Sust Alloc Fund Inv	**	9,537
	Invesco	VI Amr Franchise Fd I	**	978
	Invesco	VI Amr Franchise Fd I	**	9,971
	Ivy	Science & Technology Fd Y	**	59,882
	Lord Abbett	Srs Fd MC St Pt VC	**	6,076
	Neuberg	Berm Soc Resp Fd Trs	**	3,173
	PIMCO	VIT Real Return Port Adm	**	3,140
	Templeton	Global Bond Fund A	**	2,100
*	Voya	VY Baron Growth Port Srv	**	4,084
*	Voya	VY Clarion Glb RIEst Pt Ins	**	2,099
*	Voya	VY Clarion RI Estate Pt Srv	**	54,566
*	Voya	VY Invesco Comstock Port Srv	**	20,442
*	Voya	VY Invesco Eqty & Inc Pt I	**	31,469
*	Voya	VY JPM Emrg Mkts Eq Port Srv	**	8,545
*	Voya	VY TRwPr Cap Apprec Port Srv	**	25,143
*	Voya	VY TRwPr Divr MdCp Gr Pt I	**	13,272
*	Voya	VY TRwPr Eqty Income Port Srv	**	2,073
*	Voya	VY TRwPr Grw Eqty Pt I	**	57,253
*	Voya	VY Intl HiDivLow Vol Port-In	**	20,782
*	Voya	Voya Fixed Account	**	1,264,247
*	Voya	Voya Global Bond Port I	**	191
*	Voya	Voya Growth and Income Port I	**	88,661
*	Voya	Voya Index Plus Large Cap Pt I	**	85,633
*	Voya	Voya Index Plus Mid Cap Pt I	**	12,878
*	Voya	Voya Index Plus Small Cap Pt I	**	7,113
*	Voya	Voya Intermediate Bond Pt I	**	63,467
*	Voya	Voya International Ind Pt I	**	39,180
*	Voya	Voya Large Cap Growth Pt Ins	**	904

**VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Concluded)**

**EIN: #14-1340125 Plan Number: 002**

**December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Voya	Voya Large Cap Value Port Ins	**	843
*	Voya	Voya Mid Cap Opport Port I	**	11,641
*	Voya	Voya Russell Mid Cap Indx Prt I	**	26,815
*	Voya	Voya Small Company Port I	**	15,113
*	Voya	Voya Solution 2025 Port Srv	**	17,747
*	Voya	Voya Solution 2035 Port Srv	**	116,632
*	Voya	Voya Columbian Contrarian Core Port	**	2,080
*	Voya	Voya Solution Aggress Pt I	**	7,326
*	Voya	Wanger Acorn	**	35
*	Voya	Global Insights Port Init	**	5,057
*	Voya	Glo High Div Low Vol Prt I	**	<u>9,337</u>
		Total Voya		<u>2,915,204</u>
		Total investments		9,295,887
*		Notes receivable from participants (rates of 4.25% - 9.50%, various maturities through December 2028)		<u>50,312</u>
		Total		\$ <u>9,346,199</u>

\* Identifies a party-in-interest to the Plan

\*\* Information not required for participant-directed investments

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**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

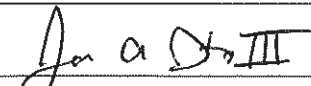
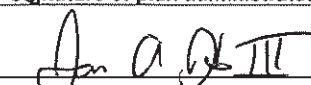
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report  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**

<b>1a</b> Name of plan VISITING NURSE ASSOCIATION OF ALBANY 403 (B) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 002
	<b>1c</b> Effective date of plan 01/01/2009
<b>2a</b> 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)  VISITING NURSE ASSOCIATION OF ALBANY, INC.  35 COLVIN AVENUE  ALBANY NY 12206	<b>2b</b> Employer Identification Number (EIN) 14-1340125
	<b>2c</b> Plan Sponsor's telephone number 518-489-2681
	<b>2d</b> Business code (see instructions) 621610

**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		9/3/2025	JAMES A. DORATO III
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/3/2025	JAMES A. DORATO III
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																																	
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">178</td> </tr> </table>	<b>5</b>	178																															
<b>5</b>	178																																	
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">100</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">106</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">80</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">186</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">186</td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">152</td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">156</td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">12</td> </tr> </table>				<b>6a(1)</b>		100	<b>6a(2)</b>		106	<b>6b</b>		0	<b>6c</b>		80	<b>6d</b>		186	<b>6e</b>		0	<b>6f</b>		186	<b>6g(1)</b>		152	<b>6g(2)</b>		156	<b>6h</b>		12
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<b>6h</b>		12																																
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td style="width:90%;"></td> </tr> </table>	<b>7</b>																																
<b>7</b>																																		

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (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	<b>9b</b> 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
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

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**VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN**

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

**EIN: #14-1340125 Plan Number: 002**

**December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<b>Empower and ELANY</b>				
	American Funds	2015 Target Date Retirement R6	**	\$ 120,572
	American Funds	2020 Target Date Retirement R6	**	277,790
	American Funds	2025 Target Date Retirement R6	**	558,420
	American Funds	2030 Target Date Retirement R6	**	861,082
	American Funds	2035 Target Date Retirement R6	**	400,911
	American Funds	2040 Target Date Retirement R6	**	434,114
	American Funds	2045 Target Date Retirement R6	**	1,142,627
	American Funds	2050 Target Date Retirement R6	**	246,628
	American Funds	2055 Target Date Retirement R6	**	208,002
	American Funds	2060 Target Date Retirement R6	**	1,146
	American Funds	American Balanced	**	31
	American Funds	New Perspective	**	7,318
	American Funds	Bond Fund of Amer R6	**	9,293
	Blackrock	High Yield Bond Portfolio K	**	2,728
*	Empower	Guaranteed Interest Fund	**	258,527
	Fidelity	Advisory Stock Selector SM CP Z	**	12,928
	John Hancock	International Growth R6	**	9,787
	JP Morgan	Equity Income	**	96,932
	JP Morgan	Large Cap Growth R6	**	86,532
	Oppenheimer	Discovery Mid Cap Growth	**	26
	PIMCO	Income Institutional	**	2,016
	Vanguard	500 Index Admiral	**	570,861
	Vanguard	Developed Markets Index Admiral	**	86,368
	Vanguard	Emerging Markets Stock Index Admiral	**	95,791
	Vanguard	Mid Cap Index Fund Admiral	**	336,053
	Vanguard	Small Cap Index Fund Admiral	**	178,921
	Vanguard	Total Bond Market Index Admiral	**	370,671
	Victory	Sycamore Established Value R6	**	<u>4,608</u>
	Total Empower and ELANY			<u>6,380,683</u>

**VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Continued)**

**EIN: #14-1340125 Plan Number: 002**

**December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<b>Voya</b>				
	American Funds	Bond Fund AM	**	\$ 2,996
	American Funds	EuroPacific	**	1,431
	American Funds	Growth Fund	**	136,010
	American Funds	Wash Mutual	**	181,741
	Black Rock	Health Science Opport Pt IA	**	37,050
	Calvert	VP SRI Balanced Port IA	**	55,340
	Fidelity	VIP Contrafund Pt I	**	211,321
	Fidelity	VIP Equity-Inc Port I	**	21,290
	Fidelity	VIP Growth Port I	**	154,867
	Franklin	Small Cap Val VIP F2	**	3,673
	Impax	Sust Alloc Fund Inv	**	9,537
	Invesco	VI Amr Franchise Fd I	**	978
	Invesco	VI Amr Franchise Fd I	**	9,971
	Ivy	Science & Technology Fd Y	**	59,882
	Lord Abbett	Srs Fd MC St Pt VC	**	6,076
	Neuberg	Berm Soc Resp Fd Trs	**	3,173
	PIMCO	VIT Real Return Port Adm	**	3,140
	Templeton	Global Bond Fund A	**	2,100
*	Voya	VY Baron Growth Port Srv	**	4,084
*	Voya	VY Clarion Glb RIEst Pt Ins	**	2,099
*	Voya	VY Clarion RI Estate Pt Srv	**	54,566
*	Voya	VY Invesco Comstock Port Srv	**	20,442
*	Voya	VY Invesco Eqty & Inc Pt I	**	31,469
*	Voya	VY JPM Emrg Mkts Eq Port Srv	**	8,545
*	Voya	VY TRwPr Cap Apprec Port Srv	**	25,143
*	Voya	VY TRwPr Divr MdCp Gr Pt I	**	13,272
*	Voya	VY TRwPr Eqty Income Port Srv	**	2,073
*	Voya	VY TRwPr Grw Eqty Pt I	**	57,253
*	Voya	VY Intl HiDivLow Vol Port-In	**	20,782
*	Voya	Voya Fixed Account	**	1,264,247
*	Voya	Voya Global Bond Port I	**	191
*	Voya	Voya Growth and Income Port I	**	88,661
*	Voya	Voya Index Plus Large Cap Pt I	**	85,633
*	Voya	Voya Index Plus Mid Cap Pt I	**	12,878
*	Voya	Voya Index Plus Small Cap Pt I	**	7,113
*	Voya	Voya Intermediate Bond Pt I	**	63,467
*	Voya	Voya International Ind Pt I	**	39,180
*	Voya	Voya Large Cap Growth Pt Ins	**	904

**VISITING NURSE ASSOCIATION OF ALBANY 403(b) PLAN**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Concluded)**

**EIN: #14-1340125 Plan Number: 002**

**December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Voya	Voya Large Cap Value Port Ins	**	843
*	Voya	Voya Mid Cap Opport Port I	**	11,641
*	Voya	Voya Russell Mid Cap Indx Prt I	**	26,815
*	Voya	Voya Small Company Port I	**	15,113
*	Voya	Voya Solution 2025 Port Srv	**	17,747
*	Voya	Voya Solution 2035 Port Srv	**	116,632
*	Voya	Voya Columbian Contrarian Core Port	**	2,080
*	Voya	Voya Solution Aggress Pt I	**	7,326
*	Voya	Wanger Acorn	**	35
*	Voya	Global Insights Port Init	**	5,057
*	Voya	Glo High Div Low Vol Prt I	**	<u>9,337</u>
		Total Voya		<u>2,915,204</u>
		Total investments		9,295,887
*		Notes receivable from participants (rates of 4.25% - 9.50%, various maturities through December 2028)		<u>50,312</u>
		Total		\$ <u>9,346,199</u>

\* Identifies a party-in-interest to the Plan

\*\* Information not required for participant-directed investments