

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY</u></p> <p><u>840 UPPER FRONT ST</u> <u>BINGHAMTON, NY 13905-1566</u></p>	<p>1c Effective date of plan <u>01/01/1995</u></p> <p>2b Employer Identification Number (EIN) <u>15-0516395</u></p> <p>2c Plan Sponsor's telephone number <u>607-217-0066</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	LISA KOST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	580
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	370
	6a(2)	381
	6b	6
	6c	203
	6d	590
	6e	0
	6f	590
	6g(1)	490
	6g(2)	492
h	9	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan 403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY</p>	<p>D Employer Identification Number (EIN) 15-0516395</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA SEC. CORP LLC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	058742	493	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">1781</p>
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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

ROCHESTER
90 LINDEN OAKS
SUITE 210
ROCHESTER, NY 14625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1781	PORTION OF INCENTIVE COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	1447279
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	10337116

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 1257001

c Additions: (1) Contributions deposited during the year	7c(1)	180526	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	37578	
(4) Transferred from separate account	7c(4)	79831	
(5) Other (specify below)..... ▶ OTHER, LOANS, FORFEITURES	7c(5)	21303	

(6) Total additions **7c(6)** 319238

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1576239

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	97711	
(2) Administration charge made by carrier.....	7e(2)	1781	
(3) Transferred to separate account	7e(3)	8012	
(4) Other (specify below)..... ▶ OTHER, LOANS, FORFEITURES	7e(4)	21456	

(5) Total deductions **7e(5)** 128960

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1447279

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

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. ▶

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

<p>A Name of plan 403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY</p>	<p>D Employer Identification Number (EIN) 15-0516395</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	811-62944	54	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	109882
5	Current value of plan's interest under this contract in separate accounts at year end.....	672653
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 105955
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 3043
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ LOAN REPAYMENTS	7c(5) 974
	(6) Total additions	7c(6) 4017
d	Total of balance and additions (add lines 7b and 7c(6))	7d 109972
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2) 90
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 90	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 109882

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan 403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY	D Employer Identification Number (EIN) 15-0516395	

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

DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO
11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

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

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

VANGUARD
100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS
P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS
111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE
PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.
15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO
840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT
1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	RECORD KEEPER	9252	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)

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY</u>	D Employer Identification Number (EIN) <u>15-0516395</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SEPARATE ACCOUNT NUMBER SA2</u>		
b Name of sponsor of entity listed in (a):	<u>MUTUAL OF AMERICA</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>13-1614399-000</u>	<u>P</u>		<u>10337116</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan 403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY	D Employer Identification Number (EIN) 15-0516395

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	444375	585234
(2) Participant contributions	1b(2)	25458	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	96723	157185
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9360752	11009770
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1267184	1399976
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11194492	13152165
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11194492	13152165

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	836549	
(B) Participants.....	2a(1)(B)	736595	
(C) Others (including rollovers).....	2a(1)(C)	10125	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1583269
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	6986	
(F) Other.....	2b(1)(F)	33659	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		40645
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	1271949
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	0
c Other income	2c	10887
d Total income. Add all income amounts in column (b) and enter total	2d	2906750

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	940364
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	940364
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	0
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	0
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	8713
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	8713
j Total expenses. Add all expense amounts in column (b) and enter total	2j	949077

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	1957673
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

A Name of plan <u>403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NY</u>	D Employer Identification Number (EIN) <u>15-0516395</u>	

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

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

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

1		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): 13-3590259

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**403(B) THRIFT PLAN OF
THE HANDICAPPED CHILDREN'S ASSOCIATION
OF SOUTHERN NEW YORK, INC.**

**Financial Statements
as of December 31, 2024 and 2023
Together with
Independent Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

October 6, 2025

To the Plan Administrator of
403(b) Thrift Plan of The Handicapped Children's Association of
Southern New York, Inc.:

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

We have performed audits of the accompanying financial statements of 403(b) Thrift Plan of The Handicapped Children's Association of Southern New York, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Opinion

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

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

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 accounting principles generally accepted in the United States of America.

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

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

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS, at fair value:		
Separate account funds	\$ 11,009,770	\$ 9,360,752
FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACTS, at contract value	<u>1,399,976</u>	<u>1,267,184</u>
Total investments	<u>12,409,746</u>	<u>10,627,936</u>
RECEIVABLES:		
Employer contributions	585,234	444,375
Participant contributions	-	25,458
Notes receivable from participants	<u>157,185</u>	<u>96,723</u>
Total receivables	<u>742,419</u>	<u>566,556</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 13,152,165</u>	<u>\$ 11,194,492</u>

The accompanying notes are an integral part of these statements.

403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Contributions -		
Participant contributions	\$ 736,595	\$ 714,117
Employer contributions	836,549	661,795
Rollovers	<u>10,125</u>	<u>8,023</u>
Total contributions	1,583,269	1,383,935
Net appreciation in fair value of investments	1,282,836	1,296,135
Interest income	33,659	21,488
Interest income on notes receivable from participants	<u>6,986</u>	<u>133</u>
Total additions	<u>2,906,750</u>	<u>2,701,691</u>
DEDUCTIONS:		
Benefit payments	940,364	670,292
Administrative expenses	<u>8,713</u>	<u>5,656</u>
Total deductions	<u>949,077</u>	<u>675,948</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	1,957,673	2,025,743
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>11,194,492</u>	<u>9,168,749</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 13,152,165</u>	<u>\$ 11,194,492</u>

The accompanying notes are an integral part of these statements.

403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following brief description of the 403(b) Thrift Plan of The Handicapped Children's Association of Southern New York, Inc. (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan under section 403(b) of the Internal Revenue Code (IRC) available to all employees of The Handicapped Children's Association of Southern New York, Inc. (the Organization) who meet certain eligibility requirements. The Plan is administered by the Organization. Mutual of America Life Insurance Company (Mutual of America) and Equitable Financial Life Insurance Company (Equitable) are the custodians and recordkeepers of the Plan's assets. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees are eligible to begin salary deferrals as soon as they begin employment with the Organization. Employees of the Organization who are at least 21 years of age and have completed one year of service (1,000 hours of service over a twelve-month period) are eligible to receive employer contributions.

Contributions

Active participants may make voluntary pre-tax contributions in the form of salary reductions up to the amount permitted by law and any applicable rollovers from other qualified plans, subject to certain limitations of the Plan and the IRC. Eligible participants, who attain the age of 50 before the end of the plan year, are eligible to make catch-up contributions, subject to certain limitations of the IRC. The Plan has auto-enrollment at 3% with an available opt-out feature. In addition, there is an auto-increase of 1% for each year thereafter with a maximum of 6%.

The Plan provides for matching contributions by the Organization. The Organization's matching contribution was equal to 50% of the participant's elective deferrals up to a maximum of 6% of eligible compensation. In addition, the Organization may make discretionary contributions to the Plan. The Organization's discretionary contribution was 4% and 5% in 2024 and 2023, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution, the employer's contribution, and Plan earnings/losses on all contributions and administrative expenses. Allocations of earnings/losses and administrative expenses are based on account balances, according to specific terms provided by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

1. DESCRIPTION OF PLAN (Continued)

Benefits Payments

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or distributions based on various annuity options or fixed income payments. Terminated participants also have the option of leaving their funds in their account if the balance exceeds \$7,000, provided they are not required to take minimum distributions from their account according to the provisions of the IRC.

Hardship Withdrawals

Hardship withdrawals from the Plan are permitted from elective deferral accounts. All hardships withdrawals must comply with specific rules relating to hardships, which are uniformly applicable to all participants.

Notes Receivable from Participants

Participants may borrow an amount up to the lesser of 50% of the amount of the salary reduction contributions balance or \$50,000. The loan amount cannot exceed the maximum amount imposed by the IRC. A participant may borrow a minimum of \$1,000. Loans are repayable over not more than five years, except in the case of a loan for the purchase of a primary residence. All loans must bear interest at a reasonable interest rate and commensurate with the current commercial rates charged in similar loans by persons in the business of lending money. Loans bear interest at 5.85% at December 31, 2024. Notes mature at various times through January 2030.

Vesting

Participants are immediately vested in their contributions plus actual earnings/losses thereon. Vesting in the Organization's contribution portion of participant accounts is based on years of continuous service and participants are 100% vested after three years of service.

Forfeitures

The non-vested portion of terminated participant account balances is subject to forfeiture. The balance of the forfeiture account is applied to reduce the Organization's contribution to the Plan. No forfeitures were used in 2024. Forfeitures of \$12,230 were applied to reduce the Organization's contribution to the Plan for the year ended December 31, 2023. There were no unused forfeitures at December 31, 2024 and 2023.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared in accordance with accounting principles generally accepted (GAAP) in the United States of America.

Investments

Investments, except for fully benefit responsive investment contracts, are reported at fair 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. Investments in fully benefit responsive investment contracts are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Purchases and sales of securities are reflected on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. All investments are participant directed.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

General Account Funds

The Plan invests in the Interest Accumulation Account, which is part of Mutual of America's general account. The amount in the Interest Accumulation Account at any time will be equal to the sum of all amounts that have been allocated to such account, including interest credited to the account, less the sum of all amounts that have been withdrawn from such account. Participants' principal and previously credited interest are guaranteed. Mutual of America assumes the investment risk of the underlying investments of the Interest Accumulation Account. This guarantee is subject to Mutual of America's financial strength and claims-paying ability. Mutual of America's general account investment strategy is to maintain high-quality assets with excellent liquidity, strong capital adequacy and a proper matching of assets and liabilities. The general account is credited with interest at a rate determined by Mutual of America from time to time, and Mutual of America reserves the right to change the interest rates applicable to amounts held in this account at their discretion, but not below the minimum guaranteed interest rate (3% for 2024 and 2023).

The Plan invests in a guaranteed interest account, which is part of Equitable's general account. The amount in the guaranteed interest account at any time will be equal to the sum of all amounts that have been allocated to such account, including interest credited to the account, less the sum of all amounts that have been withdrawn from such account. Participants' principal and previously credited interest are guaranteed. Equitable assumes the investment risk of the underlying investments of the guaranteed interest account. This guarantee is subject to Equitable's financial strength and claims-paying ability. Equitable's general account investment strategy is to provide principal safety. The general account is credited with interest at a rate determined by Equitable who reserves the right to change the interest rates applicable to amounts held in this account at their discretion, but not below the minimum guaranteed interest rate (1% for 2024 and 2023).

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents, including complete or partial Plan termination or merger with another plan or (2) bankruptcy of the Plan Sponsor. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the financial statements.

Allowance for Credit Losses

The Plan records a receivable for the employee and employer contributions that are remitted to the Plan subsequent to the Plan's year end. The Plan recognizes an expected allowance for credit losses that is updated to reflect any changes in credit risk since the receivable was initially recorded. The estimated allowance for credit losses is based on historical, current, and expected future conditions. As no significant improvements or deteriorations are expected in the future economic conditions, management has determined that no allowance for credit losses is necessary for the years ended December 31, 2024 and 2023.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Certain administrative costs of the Plan are paid by the Organization. All other expenses relating to participant transactions are deducted from those participant accounts as transactions occur.

Estimates

The preparation of financial statements in accordance with GAAP requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. INVESTMENT INFORMATION

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared by and certified to as to completeness and accuracy by Mutual of America and Equitable as of and for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Investments	\$ <u>12,409,746</u>	\$ <u>10,627,936</u>
Notes receivable from participants	\$ <u>157,185</u>	\$ <u>96,723</u>
Net appreciation in fair value of investments	\$ <u>1,282,836</u>	\$ <u>1,296,135</u>
Interest income	\$ <u>33,659</u>	\$ <u>21,488</u>
Interest income on notes receivable from participants	\$ <u>6,986</u>	\$ <u>133</u>
Schedule of Assets (Held at End of Year)	Schedule I	

4. SEPARATE ACCOUNT FUNDS

The separate account funds are invested in domestic stocks, international stocks, and fixed securities, such as asset or mortgage-backed securities and corporate bonds, and in mutual funds that hold such investments. The net asset value of the separate account fund is not publicly quoted. The values of the underlying investments are used in determining the net asset value of the separate account fund. Underlying equity securities have observable quoted pricing inputs. Underlying fixed securities have observable pricing inputs, including quoted prices for similar assets in the active or non-active markets. Underlying mutual funds are valued at publicly quoted pricing inputs.

There are no restrictions in connection with the transfer among or withdrawal from any of the investment alternatives in the separate account, other than that excessively frequent transfers or redemptions might be rejected. Each underlying fund has reserved the right to reject any aggregate purchase of fund shares that it determines to be inconsistent with their fund's policies and procedures relating to market timing.

4. SEPARATE ACCOUNT FUNDS (Continued)

The separate account funds currently invest in underlying funds, which have different investment objectives, investments policies, and risks. The investment strategies of these funds will vary based on the participant's chosen risk preferences. The separate account funds do not have any unfunded commitments.

5. PLAN TERMINATION

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

6. TAX STATUS

In a letter dated March 31, 2017, the Internal Revenue Service (IRS) determined that the prototype plan, adopted by the Plan is designed in accordance with applicable sections of the IRC. The Plan has not requested its own determination letter from the IRS. The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

7. RECONCILIATION TO FORM 5500

The classification of changes in net assets available for benefits for the periods ended December 31, 2024 and 2023 differs between these financial statements and Form 5500. However, the total change in net assets available for benefits for the periods then ended agrees between these financial statements and Form 5500.

8. PARTY-IN-INTEREST TRANSACTIONS

Mutual of America and Equitable are the custodians of the Plan's assets. As such, transactions between Mutual of America, Equitable and the Plan qualify as party-in-interest transactions. Additionally, notes receivable from participants are party-in-interest transactions.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 6, 2025, which is the date the financial statements were available to be issued.

**403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S
ASSOCIATION OF SOUTHERN NEW YORK, INC.**

Schedule I

**EMPLOYER IDENTIFICATION NUMBER 16-0835172
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost**</u>	(e) <u>Current Value</u>
	1290 VT SMARTBETA Equity ESG	Separate account funds	\$	8
	American Century Inv. VP Capital App.	Separate account funds		114,782
	American Funds Insurance New World	Separate account funds		15,827
*	AXA Aggressive Allocation	Separate account funds		57,968
*	AXA CONSERV Allocation	Separate account funds		4,394
*	AXA CONSERV-Plus Allocation	Separate account funds		25,983
*	AXA GLB EQTY Managed VOL	Separate account funds		7,866
*	AXA INT Core Managed VOL	Separate account funds		4,873
*	AXA INT VAL Managed VOL	Separate account funds		6,129
*	AXA LG CAP GRW Managed VOL	Separate account funds		18,873
*	AXA LG CAP VAL Managed VOL	Separate account funds		14,157
*	AXA MID CAP VAL Managed VOL	Separate account funds		4,817
*	AXA Moderate Allocation	Separate account funds		79,908
*	AXA Moderate-Plus Allocation	Separate account funds		180,957
*	AXA/AB Small Cap Growth	Separate account funds		3,966
	Calvert VP SRI Balanced Portfolio	Separate account funds		40,802
	Macquarie VIP Hig, Inc. Series	Separate account funds		7,233
	Delaware VIP Small Cap Vaue Series	Separate account funds		4,136
	DWS Capital Growth VIP	Separate account funds		84,909
*	EQ/American Centry MID CAP VAL	Separate account funds		4,195
*	EQ/Emerging Markets Equity Plus	Separate account funds		20
*	EQ/Clearbridge LG CAP GRWT ESG	Separate account funds		11,075
*	EQ/COM Stick Index	Separate account funds		16,538
*	EQ/Core Bond Index	Separate account funds		19,695
*	EQ/Equity 500 Index	Separate account funds		84,868
*	EQ/Fidelity INSTNL AM LRG CAP	Separate account funds		1,456
*	EQ/GAMCO Small Company Value	Separate account funds		4,862
*	EQ/High Yield Bond	Separate account funds		6,750
*	EQ/Intermidate Government BND	Separate account funds		459
*	EQ/International Equity Index	Separate account funds		17,356
*	EQ/Invesco Comstock	Separate account funds		15
*	EQ/Invesco Global Real Estate	Separate account funds		9,774
*	EQ/JPMorgan Growth Stock	Separate account funds		1,657
*	EQ/Large CAP Growth Index	Separate account funds		15,079
*	EQ/Large CAP Value Index	Separate account funds		579
*	EQ/Lazard Emerging MRKTS EQTY	Separate account funds		590

(Continued)

**403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S
ASSOCIATION OF SOUTHERN NEW YORK, INC.**

Schedule I

EMPLOYER IDENTIFICATION NUMBER 16-0835172

PLAN NUMBER 002

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

DECEMBER 31, 2024

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost**</u>	(e) <u>Current Value</u>
	Separate Account Funds (Continued):			
*	EQ/MFS International Value	Separate account funds		741
*	EQ/MID CAP Index	Separate account funds		17,150
*	EQ/Money Market	Separate account funds		368
*	EQ/Morgan Stanley MID CAP GR	Separate account funds		7,233
*	EQ/Oppenheimer Global	Separate account funds		36
*	EQ/Quality Bond Plus	Separate account funds		2,710
*	EQ/Small Company Index	Separate account funds		18,162
*	EQ/Wellington Energy	Separate account funds		28
*	EQ/Blackrock Basic Value EQTY	Separate account funds		6,043
	Fidelity VIP Asset Manager Portfolio	Separate account funds		973,674
	Fidelity VIP Contrafund Portfolio	Separate account funds		270,095
	Fidelity VIP Equity-Income Portfolio	Separate account funds		25,775
	Fidelity VIP Mid Cap	Separate account funds		1,467
	Fidelity VIP Mid Cap Portfolio	Separate account funds		60,393
	Goldman Sachs VIT Small Cap Eq Ins	Separate account funds		1,189
	Goldman Sachs VIT US Equity Ins	Separate account funds		1,968
	Invesco V.I Main Street Fund	Separate account funds		77,992
	Invesco V.I. High Yield	Separate account funds		513
*	MOA Aggressive Allocation Fund	Separate account funds		407,635
*	MOA Balanced Fund	Separate account funds		837,249
*	MOA Clear Passage 2020 Fund	Separate account funds		87,813
*	MOA Clear Passage 2025 Fund	Separate account funds		177,161
*	MOA Clear Passage 2030 Fund	Separate account funds		872,955
*	MOA Clear Passage 2035 Fund	Separate account funds		663,343
*	MOA Clear Passage 2040 Fund	Separate account funds		374,444
*	MOA Clear Passage 2045 Fund	Separate account funds		821,060
*	MOA Clear Passage 2050 Fund	Separate account funds		632,842
*	MOA Clear Passage 2055 Fund	Separate account funds		473,396
*	MOA Clear Passage 2060 Fund	Separate account funds		446,789
*	MOA Clear Passage 2065 Fund	Separate account funds		170,992
*	MOA Conservative Allocation Fund	Separate account funds		400,356
*	MOA Core Bond Fund	Separate account funds		263,385
*	MOA Equity Index Fund	Separate account funds		401,145
*	MOA Intermediate Bond Fund	Separate account funds		8,358
*	MOA International Fund	Separate account funds		882
*	MOA Mid Cap Equity Index Fund	Separate account funds		216,487

(Continued)

**403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S
ASSOCIATION OF SOUTHERN NEW YORK, INC.**

Schedule I

EMPLOYER IDENTIFICATION NUMBER 16-0835172

PLAN NUMBER 002

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

DECEMBER 31, 2024

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost**	(e) Current Value
Separate Account Funds (Continued):				
*	MOA Mid Cap Value Fund	Separate account funds		15,917
*	MOA Moderate Allocation Fund	Separate account funds		717,095
*	MOA Money Market Fund	Separate account funds		166,660
*	MOA Retirement Income Fund	Separate account funds		46,748
*	MOA Small Cap Equity Index Fund	Separate account funds		1,943
*	MOA Small Cap Growth Fund	Separate account funds		29,155
*	MOA Small Cap Value Fund	Separate account funds		19,995
*	EQ/Aggressive Growth Strategy	Separate account funds		22
	Multimanager Aggressive Equity	Separate account funds		601
	Multimanager Core Bond	Separate account funds		3,426
	Multimanager Technology	Separate account funds		1,684
	PIMPCO VIT Real Return Portfolio	Separate account funds		4,185
	T. Rowe Price Blue Chip Growth Portfolio	Separate account funds		209,090
	Templeton Global Bond VIP	Separate account funds		369
	Vanguard VIF Diversified Value Portfolio	Separate account funds		82,986
	Vanguard VIF International Portfolio	Separate account funds		96,451
	Vanguard VIF Real Estate Index Portfolio	Separate account funds		14,062
	Vanguard VIF Total Bond Market Index	Separate account funds		4,996
				<u>11,009,770</u>
Guaranteed Investment Contracts:				
*	Equitable Guaranteed Investment Contract	General account fund		109,882
*	Mutual of America Interest Accumulation Account	General account fund		1,290,094
				<u>1,399,976</u>
				<u>\$ 12,409,746</u>
Notes Receivable From Participants:				
*	Participant Loans	Interest at 5.85%, various monthly payments thru January 2030		\$ 157,185

* Denotes party-in-interest

** Costs have been eliminated as participant directed.

The accompanying notes are an integral part of this schedule.

Attachment to Jan2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
The Handicapped Children's Association of Southern New York, Inc.
EIN: 15-0516395
Plan Number: 002

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e) Closing Value
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		114,788
.	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		15,827
.	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		40,802
.	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		84,909
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		973,674
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		270,095
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		25,775
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		60,393
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		1,189
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		1,968
.	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		77,992
.	Mutual of America	GROUP ANNUITY CONTRACT Macquarie VIP Small Cap Value Series		4,136
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		407,635
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		837,249
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		0
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		87,813
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		177,161
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		872,955
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		663,343
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		374,444
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		821,060
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		632,842
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		473,396
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		446,789
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		170,992
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		400,356
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		263,385
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		401,145
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		8,358
.	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		882
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		216,487
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		15,917
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		717,095
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		46,748
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		1,943
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		29,155
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		19,995
.	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		166,660
.	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		1,447,279
.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		4,185
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		209,090

Attachment to Jan2024 Form 5500
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 The Handicapped Children's Association of Southern New York, Inc.
 EIN: 15-0516395
 Plan Number: 002

.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		82,986
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		96,451
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		14,062
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		4,988

**403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S
ASSOCIATION OF SOUTHERN NEW YORK, INC.**

Schedule I

EMPLOYER IDENTIFICATION NUMBER 16-0835172

PLAN NUMBER 002

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

DECEMBER 31, 2024

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	1290 VT SMARTBETA Equity ESG	Separate account funds	\$	8
	American Century Inv. VP Capital App.	Separate account funds		114,782
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*	AXA CONSERV Allocation	Separate account funds		4,394
*	AXA CONSERV-Plus Allocation	Separate account funds		25,983
*	AXA GLB EQTY Managed VOL	Separate account funds		7,866
*	AXA INT Core Managed VOL	Separate account funds		4,873
*	AXA INT VAL Managed VOL	Separate account funds		6,129
*	AXA LG CAP GRW Managed VOL	Separate account funds		18,873
*	AXA LG CAP VAL Managed VOL	Separate account funds		14,157
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*	AXA/AB Small Cap Growth	Separate account funds		3,966
	Calvert VP SRI Balanced Portfolio	Separate account funds		40,802
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(Continued)

**403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S
ASSOCIATION OF SOUTHERN NEW YORK, INC.**

Schedule I

EMPLOYER IDENTIFICATION NUMBER 16-0835172

PLAN NUMBER 002

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

DECEMBER 31, 2024

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*	MOA Clear Passage 2020 Fund	Separate account funds		87,813
*	MOA Clear Passage 2025 Fund	Separate account funds		177,161
*	MOA Clear Passage 2030 Fund	Separate account funds		872,955
*	MOA Clear Passage 2035 Fund	Separate account funds		663,343
*	MOA Clear Passage 2040 Fund	Separate account funds		374,444
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*	MOA Clear Passage 2060 Fund	Separate account funds		446,789
*	MOA Clear Passage 2065 Fund	Separate account funds		170,992
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*	MOA Intermediate Bond Fund	Separate account funds		8,358
*	MOA International Fund	Separate account funds		882
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(Continued)

**403(B) THRIFT PLAN OF THE HANDICAPPED CHILDREN'S
ASSOCIATION OF SOUTHERN NEW YORK, INC.**

Schedule I

EMPLOYER IDENTIFICATION NUMBER 16-0835172

PLAN NUMBER 002

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

DECEMBER 31, 2024

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost**	(e) Current Value
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	T. Rowe Price Blue Chip Growth Portfolio	Separate account funds		209,090
	Templton Global Bond VIP	Separate account funds		369
	Vanguard VIF Diversified Value Portfolio	Separate account funds		82,986
	Vanguard VIF International Portfolio	Separate account funds		96,451
	Vanguard VIF Real Estate Index Portfolio	Separate account funds		14,062
	Vanguard VIF Total Bond Market Index	Separate account funds		4,996
				<u>11,009,770</u>
Guaranteed Investment Contracts:				
*	Equitable Guaranteed Investment Contract	General account fund		109,882
*	Mutual of America Interest Accumulation Account	General account fund		1,290,094
				<u>1,399,976</u>
				<u>\$ 12,409,746</u>
Notes Receivable From Participants:				
*	Participant Loans	Interest at 5.85%, various monthly payments thru January 2030		\$ 157,185

* Denotes party-in-interest

** Costs have been eliminated as participant directed.

The accompanying notes are an integral part of this schedule.