

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan): IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC.
2b Employer Identification Number (EIN): 31-0714190
2c Plan Sponsor's telephone number: 740-532-3534
2d Business code (see instructions): 624200

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC. 305 NORTH 5TH STREET IRONTON, OH 45638-1578		3b Administrator's EIN 31-0714190
		3c Administrator's telephone number 740-532-3534
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	740
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	426
6a(2) Total number of active participants at the end of the plan year	6a(2)	428
b Retired or separated participants receiving benefits.....	6b	54
c Other retired or separated participants entitled to future benefits	6c	319
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	801
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	2
f Total. Add lines 6d and 6e	6f	803
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	598
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	700
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules		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>1</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 style="font-weight: bold;">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 IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC.</p>	<p>D Employer Identification Number (EIN) 31-0714190</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

(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	726618	145	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
EUGENE GLOWATCH 444 EAST MAIN STREET, SUITE 204
LEXINGTON, KY 40507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			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
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 12459713
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 checked="" type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 15924332
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2) 225040
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 225040
d	Total of balance and additions (add lines 7b and 7c(6))	7d 16149372
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 16149372

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 IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC.	D Employer Identification Number (EIN) 31-0714190	

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

E. GLOWATCH 1080 WELLINGTON WAY
LEXINGTON, KY 40513

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

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

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

AXA EQUITABLE LIFE INSURANCE COMP

13-5570651

(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?
37 58 28 25 59 60 62 63 67	RECORDKEEPER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

(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 IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN)	▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC.	D Employer Identification Number (EIN) <u>31-0714190</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>POOLED SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a):	<u>AXA EQUITABLE LIFE INSURANCE COMPANY</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>13-5570651-000</u>	<u>P</u>	<u>14101018</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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC.</u>	D Employer Identification Number (EIN) <u>31-0714190</u>

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	174006	369595
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	10321137	12459713
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	11282479	10045584
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	21777622	22874892
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	21777622	22874892

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)	857405	
(B) Participants.....	2a(1)(B)	1036109	
(C) Others (including rollovers).....	2a(1)(C)	34779	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1928293
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	15851	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15851
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	452511	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1743147
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4139802

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2920942	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2920942
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)	121590	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		121590
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3042532

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1097270
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BESTEN & DIERUF, PLLC**

(2) EIN: **45-3048812**

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>IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC.</u>	D Employer Identification Number (EIN) <u>31-0714190</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): 13-5570651

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702937A.

IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION
ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2024 and 2023

BESTEN & DIERUF, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

C O N T E N T S

INDEPENDENT AUDITORS' REPORTS..... PAGE 3

FINANCIAL STATEMENTS:

Statements of Net Assets Available for Benefits – Modified Cash Basis 6
Statements of Changes in Net Assets Available for Benefits – Modified Cash Basis..... 7
Notes to Financial Statements 8

SUPPLEMENTARY INFORMATION:

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Modified Cash Basis..... 15

All other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted, because of the absence of the conditions under which they would apply.



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Ironton-Lawrence County Area Action Organization, Inc. Tax Sheltered Annuity Plan

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

We have performed audits of the accompanying financial statements of Ironton-Lawrence County Area Action Organization, Inc. Tax Sheltered Annuity Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits – modified cash basis 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 a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the 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 the modified cash basis of accounting.
- 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).

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 the modified cash basis of accounting, 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.

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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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

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

Other Matter - Basis of Accounting

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at year end) 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, 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 schedules, other than the information in the supplemental schedules 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 schedules 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).



Beaman & Denny
CERTIFIED PUBLIC ACCOUNTANTS

Lexington, Kentucky
September 8, 2025

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
 DECEMBER 31,

ASSETS	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$ 12,459,713	\$ 10,321,137
Investments, at contract value	10,045,584	11,282,479
Receivables:		
Notes receivable from participants	<u>369,595</u>	<u>174,006</u>
TOTAL ASSETS	<u>22,874,892</u>	<u>21,777,622</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 22,874,892</u></u>	<u><u>\$ 21,777,622</u></u>

See Accompanying Notes and Independent Auditors' Report.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
 YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Contributions:		
Employer	\$ 857,405	\$ 806,185
Participant	1,036,109	991,531
Rollovers	34,779	46,610
Interest and dividends	452,511	190,845
Interest income on participant notes receivable	15,851	8,754
Net appreciation (depreciation) in fair value of investments	1,743,147	1,990,303
TOTAL ADDITIONS	<u>4,139,802</u>	<u>4,034,228</u>
DEDUCTIONS		
Benefits paid to participants	2,920,942	1,781,563
Administrative fees	121,590	98,087
TOTAL DEDUCTIONS	<u>3,042,532</u>	<u>1,879,650</u>
NET INCREASE (DECREASE)	<u>1,097,270</u>	<u>2,154,578</u>
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>21,777,622</u>	<u>19,623,044</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 22,874,892</u></u>	<u><u>\$ 21,777,622</u></u>

See Accompanying Notes and Independent Auditors' Report.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Ironton-Lawrence County Area Action Organization, Inc. Tax Sheltered Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan document and Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution 403(b) plan, covering certain employees of the Ironton-Lawrence County Area Action Organization, Inc., (the Employer). Employees are eligible to participate on their date of hire upon meeting eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was adopted June 1, 1989, and restated effective January 1, 2024.

Contributions - Participants may contribute a portion of eligible compensation, as defined in the Plan, subject to Internal Revenue Service (IRS). Participants are also permitted to deposit into the Plan distributions from other qualified plans. Participants who have attained the age of 50 are eligible to make catch-up contributions. The Plan provides for discretionary employer matching contributions. The Employer made matching contributions of 100% of the first 7% of participant salary deferrals.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of the Employer's contributions. Participants' accounts may be charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, compensation, or account balances, as defined.

The Plan's investments are participant-directed, and allocations of plan earnings are based upon the performance of the investment funds chosen by the participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in all contributions plus actual earnings thereon.

Participant Notes Receivable - Participants may borrow from their fund accounts up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Note terms are up to a maximum of five years unless the loan is for the purchase of a principal residence in which case the note repayment period may not extend beyond ten years from the date of the note. The notes are secured by the balance in the participant's account and bear interest at the prevailing interest rate at the time the note is granted. Principal and interest are paid through payroll deductions on a monthly basis.

Payment of Benefits - Normal retirement age is the latter of the date the participant is 65 years of age or the 5th anniversary of the participant's employment. Upon termination of service due to death, disability, retirement, or reaching age 59 1/2, distributions may be made to the participant or their beneficiary in a single lump sum payment or in installment payments. The participant may also elect to withdraw before-tax contributions in the event of financial hardship, subject to Plan provisions.

Forfeitures - Forfeitures from matching and nonelective accounts can be used to reduce employer contributions. At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$0 and \$0, respectively. In 2024 and 2023, \$0 and \$0 was used to reduce employer contributions.

Participant Investment Rollovers - Participants are allowed to transfer or rollover funds into the Plan from other qualified plans.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles in the United States of America (U.S. GAAP). This method utilizes a modified cash approach whereby contributions and expenses are recorded in the period received or paid.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, except for fully benefit-responsive contracts, which are reported at contract value. Fair value is defined as 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.

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

Participant Notes Receivable

Participant notes receivable are measured at the unpaid principal balance plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Under default (as defined), the plan administrator treats the default as a distribution and offsets the outstanding balance of the note against the participant's vested accrued balance.

Contributions

Participants' contributions are recorded by the Plan as of the date such participants' elected contributions are withheld by the Employer. Employer contributions are recorded by the Plan when committed by the plan sponsor.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Use of Estimates

The presentation of financial statements in conformity with the modified cash basis of accounting, requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Expenses

Certain administrative expenses are paid by the Employer and are excluded from these financial statements. Other expenses such as legal and accounting are paid from plan assets and deducted from participant accounts in accordance with the plan document. Investment-related expenses are included in net appreciation in fair value appreciation of investments.

Date of Management's Review

Subsequent events were evaluated through September 8, 2025, which is the date the financial statements were available to be issued.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

Substantially all information pertaining to the Plan's investments included in the financial statements, including the associated investment income (loss), was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by AXA Equitable Financial Life Insurance Company (Equitable) for 2024 and 2023, the trustee of the Plan. This information has not been audited by independent accountants.

NOTE 4 - FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

Pooled separate accounts: Pooled separate accounts are held in investment contracts with the custodian and are invested according to the stated objectives of the various accounts. The principal is not guaranteed. The pooled separate accounts are valued at the net asset value (NAV), which is based on the market value of its underlying investments. Participant transactions (purchases and sales) may occur daily. The investment objectives of the accounts include the preservation of capital, to attain certain growth or income, or to balance performance levels based on different tolerance levels of risk. The separate accounts are not restricted in regard to distributions.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS - continued

Due to a change in management’s interpretation of the guidance under ASC 820 during 2020, investments measured at NAV are now classified in the fair value hierarchy because these investments are considered to have readily determinable fair value. The NAV of pooled separate accounts are considered determinable and published to current and prospective investors and are the basis for current transactions. In prior filings, management applied the practical expedient in accordance with Subtopic 820-10, which allows certain investments without readily determinable fair value to be measured at NAV per share (or its equivalent) as a practical expedient and excludes these investments from the fair value hierarchy. This change is only a change in the classification of the related investments. There have been no changes in the inputs or valuation methodologies used to calculate the NAV of the assets.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value at December 31, 2024 and 2023:

<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments measured at NAV*				
Pooled separate accounts	\$ -	\$ -	\$ -	\$ 12,459,713
Total investments at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,459,713</u>
<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments measured at NAV*				
Pooled separate accounts	\$ -	\$ -	\$ -	\$ 10,321,137
Total investments at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,321,137</u>

* Certain investments measured at fair value using NAV as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 5 - INVESTMENTS, AT CONTRACT VALUE

The Plan participates in a benefit-responsive investment contract with Equitable. Equitable maintains the contributions in a general account. The account is credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed insurance contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

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

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - INVESTMENTS, AT CONTRACT VALUE - continued

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total Plan termination, retirement incentive programs, and the liberalization of Plan withdrawal or transfer rules. Upon occurrence of any of these events, a market value adjustment or other withdrawal restrictions may apply. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Fixed Accounts

The Plan participated in a benefit-responsive investment contract with Equitable. Equitable maintains the contributions in a fixed account. The account is credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer is not contractually obligated to repay a specified interest rate, and the account does not provide for a defined maturity date. Further, withdrawals are not subject to any market value adjustments.

The contracts do not meet the criteria to be fully benefit-responsive. However, they are reported at contract value. Contract value is the relevant measure for benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Equitable, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are managed by Equitable and certain administrative expenses, indirect fees, and costs of the Plan are paid to Equitable. Equitable is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 7 - INCOME TAX STATUS

The Plan uses a prototype plan document sponsored by Benefits Administrators, LLC. Benefits Administrators, LLC received an opinion letter from the Internal Revenue Service (IRS), dated June 30, 2020, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan has analyzed its tax positions taken and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is subject to income tax examinations generally for three years after filing.

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan should be allocated to participant accounts and distributed in such a manner as the Employer may determine.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan provides for various participant-directed investment options, which are exposed to various risks, such as interest rate, credit risks and market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the financial statements.

SUPPLEMENTAL INFORMATION

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS
 Plan No. 001 EIN 31-0714190
 DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	JPMorgan Mid Cap Growth R6	Pooled separate account	**	\$ 222,203
	Vanguard Lifestrategy Moderate Growth Inv	Pooled separate account	**	1,652,159
	American Funds New World R6	Pooled separate account	**	5,016
	MFS International Diversification Fund Class R6	Pooled separate account	**	8,610
	Fidelity Total International Index	Pooled separate account	**	318,808
	Harbor Capital Appreciation Retirement	Pooled separate account	**	1,438,042
	Principal Real Estate Securities Inst	Pooled separate account	**	13,111
	Goldman Sachs Small Cap Value Insights R6	Pooled separate account	**	24,903
	Vanguard Target Retirement Income Inv	Pooled separate account	**	5,333
	Vanguard Target Retirement 2020 Inv	Pooled separate account	**	22,171
	Vanguard Target Retirement 2025 Inv	Pooled separate account	**	14,045
	Vanguard Target Retirement 2030 Inv	Pooled separate account	**	238,162
	Vanguard Target Retirement 2035 Inv	Pooled separate account	**	307,920
	Vanguard Target Retirement 2040 Inv	Pooled separate account	**	188,260
	Vanguard Target Retirement 2045 Inv	Pooled separate account	**	260,303
	Vanguard Target Retirement 2050 Inv	Pooled separate account	**	92,547
	Vanguard Target Retirement 2055 Inv	Pooled separate account	**	548,666
	Vanguard Target Retirement 2060 Inv	Pooled separate account	**	346,399
	Vanguard Target Retirement 2065 Inv	Pooled separate account	**	107,397
	Blackrock High Yield Bond K	Pooled separate account	**	43,399
	AB Small Cap Growth Z	Pooled separate account	**	41,348
	Baird Core Pus Bond Inst	Pooled separate account	**	165,260
	Fidelity 500 Index	Pooled separate account	**	2,972,254
	Fidelity Mid Cap Index	Pooled separate account	**	34,383
	Fidelity Small Cap Index	Pooled separate account	**	97,525
	Fidelity US Bond Index	Pooled separate account	**	7,634
	JPMorgan U.S. Equity Fund Class R6	Pooled separate account	**	10,668
	MFS Mid Cap Value R6	Pooled separate account	**	23,614
	MFS Value R6	Pooled separate account	**	722,067
*	Equitable Fixed Account 1	Fixed account	**	3,755,572
	Vanguard Target Retirement 2070 Inv	Pooled separate account	**	44,595

See Accompanying Notes and Independent Auditors' Report.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS - Continued

Plan No. 001 EIN 31-0714190

DECEMBER 31, 2024

* Guaranteed Interest Account	Guaranteed interest account	**	6,290,012
* EQ/Equity 500 Index	Pooled separate account	**	352,928
* AXA Moderate Allocation	Pooled separate account	**	515,830
* AXA Moderate -Plus Allocation	Pooled separate account	**	4,880
* EQ/JPMorgan Growth Stock	Pooled separate account	**	223,300
* EQ/JPMorgan Val Opportunities	Pooled separate account	**	125,248
* AXA 500 Managed Vol	Pooled separate account	**	35,454
* EQ/Com Stock Index	Pooled separate account	**	361,746
* EQ/Blackrock Basic Value Equity	Pooled separate account	**	53,816
* EQ/JANUS ENTERPRISE	Pooled separate account	**	31,189
* EQ/Gamco Small Company Value	Pooled separate account	**	72,033
* AXA Global Equity Managed Vol	Pooled separate account	**	30,717
* EQ/International Equity Index	Pooled separate account	**	1,650
* EQ/Mid Cap Index	Pooled separate account	**	67,513
* EQ/MFS International Growth	Pooled separate account	**	9,458
* EQ/MFS International Value	Pooled separate account	**	13,645
* EQ/Money Market	Pooled separate account	**	304
* EQ/Quality Bond Plus	Pooled separate account	**	15,314
* AXA 400 Managed Vol	Pooled separate account	**	21,343
* EQ/Fidelity Institutional American Large Cap	Pooled separate account	**	114,604
* AXA Large Cap Val Managed Vol	Pooled separate account	**	16,492
* AXA Mid Cap Val Managed Vol	Pooled separate account	**	8,329
* AXA AB Small Cap Growth	Pooled separate account	**	25,190
Fixed Maturity 2033	Pooled separate account	**	5,640
* AXA Large Cap Growth Managed Vol	Pooled separate account	**	4,370
* AXA Int Val Managed Vol	Pooled separate account	**	8,335
* EQ/Calvert Socially Responsible	Pooled separate account	**	5,357
* EQ/Clearbridge Large Cap Growth ESG	Pooled separate account	**	23,264
Charter Multi-Sector Bond	Pooled separate account	**	1,267
* EQ/American Century Mid Cap Val	Pooled separate account	**	1,607
* EQ/Capital Guardian Research	Pooled separate account	**	88,124
* EQ/Large Cap Value Index	Pooled separate account	**	16,844
* AXA Int Core Managed Vol	Pooled separate account	**	1,113
* EQ/Core Bond Index	Pooled separate account	**	14,951
* AXA Conservative Allocation	Pooled separate account	**	303
* EQ/High Yield Bond	Pooled separate account	**	7,778

See Accompanying Notes and Independent Auditors' Report.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS - Continued

Plan No. 001 EIN 31-0714190

DECEMBER 31, 2024

Target 2025 Allocation	Pooled separate account	**	21,045
* AXA Conservative-Plus Allocation	Pooled separate account	**	32,513
* EQ/Oppenheimer Global	Pooled separate account	**	11,849
AXA Aggressive Allocation	Pooled separate account	**	39
* EQ/MFS Utilities Series	Pooled separate account	**	723
* EQ/Lazard Emerging Markets Equity	Pooled separate account	**	11,879
* EQ/Goldman Sachs Mid Cap Value	Pooled separate account	**	7,080
Multimanager Core Bond	Pooled separate account	**	13,144
Pimco Vit Commodity Real Return Strategy	Pooled separate account	**	6,345
Templeton Global Bond Vip	Pooled separate account	**	6,575
* EQ/Invesco V.I. High Yield	Pooled separate account	**	5,984
1290 VT Smartbeta Equity Esg	Pooled separate account	**	19,278
* EQ/Large Cap Growth Index	Pooled separate account	**	34,151
* EQ/Small Company Index	Pooled separate account	**	11,210
EQ/Invesco Global Real Estate	Pooled separate account	**	530
Target 2045 Allocation	Pooled separate account	**	12,589
* AXA International Managed Vol	Pooled separate account	**	7,836
* EQ/MFS Mid Cap FOC Used Growth	Pooled separate account	**	195
* EQ/MFS Technology	Pooled separate account	**	10
			22,505,297
	Interest rates ranging from 4.25% -		
* Notes receivable from participants	9.50%		369,595
Total All Funds			\$ 22,874,892

* Party-in-interest

** Cost information is not required by ERISA for participant-directed investments

See Accompanying Notes and Independent Auditors' Report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

1a Name of plan: IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan): IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION ORGANIZATION, INC.
2b Employer Identification Number (EIN): 31-0714190
2c Plan Sponsor's telephone number: 740-532-3534
2d Business code (see instructions): 624200

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Kelly R. Adkins, 10/9/2025, Kelly R. Adkins, CFO. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

IRONTON-LAWRENCE COUNTY AREA COMMUNITY ACTION
ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2024 and 2023

BESTEN & DIERUF, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

C O N T E N T S

INDEPENDENT AUDITORS' REPORTS..... PAGE 3

FINANCIAL STATEMENTS:

Statements of Net Assets Available for Benefits – Modified Cash Basis 6
Statements of Changes in Net Assets Available for Benefits – Modified Cash Basis..... 7
Notes to Financial Statements 8

SUPPLEMENTARY INFORMATION:

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Modified Cash Basis..... 15

All other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted, because of the absence of the conditions under which they would apply.



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Ironton-Lawrence County Area Action Organization, Inc. Tax Sheltered Annuity Plan

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

We have performed audits of the accompanying financial statements of Ironton-Lawrence County Area Action Organization, Inc. Tax Sheltered Annuity Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits – modified cash basis 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 a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the 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 the modified cash basis of accounting.
- 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).

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 the modified cash basis of accounting, 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.

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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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

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

Other Matter - Basis of Accounting

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at year end) 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, 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 schedules, other than the information in the supplemental schedules 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 schedules 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).



Beaton & Denny
CERTIFIED PUBLIC ACCOUNTANTS

Lexington, Kentucky
September 8, 2025

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
 DECEMBER 31,

ASSETS	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$ 12,459,713	\$ 10,321,137
Investments, at contract value	10,045,584	11,282,479
Receivables:		
Notes receivable from participants	<u>369,595</u>	<u>174,006</u>
TOTAL ASSETS	<u>22,874,892</u>	<u>21,777,622</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 22,874,892</u></u>	<u><u>\$ 21,777,622</u></u>

See Accompanying Notes and Independent Auditors' Report.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
 YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Contributions:		
Employer	\$ 857,405	\$ 806,185
Participant	1,036,109	991,531
Rollovers	34,779	46,610
Interest and dividends	452,511	190,845
Interest income on participant notes receivable	15,851	8,754
Net appreciation (depreciation) in fair value of investments	1,743,147	1,990,303
TOTAL ADDITIONS	<u>4,139,802</u>	<u>4,034,228</u>
DEDUCTIONS		
Benefits paid to participants	2,920,942	1,781,563
Administrative fees	121,590	98,087
TOTAL DEDUCTIONS	<u>3,042,532</u>	<u>1,879,650</u>
NET INCREASE (DECREASE)	<u>1,097,270</u>	<u>2,154,578</u>
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>21,777,622</u>	<u>19,623,044</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 22,874,892</u>	<u>\$ 21,777,622</u>

See Accompanying Notes and Independent Auditors' Report.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Ironton-Lawrence County Area Action Organization, Inc. Tax Sheltered Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan document and Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution 403(b) plan, covering certain employees of the Ironton-Lawrence County Area Action Organization, Inc., (the Employer). Employees are eligible to participate on their date of hire upon meeting eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was adopted June 1, 1989, and restated effective January 1, 2024.

Contributions - Participants may contribute a portion of eligible compensation, as defined in the Plan, subject to Internal Revenue Service (IRS). Participants are also permitted to deposit into the Plan distributions from other qualified plans. Participants who have attained the age of 50 are eligible to make catch-up contributions. The Plan provides for discretionary employer matching contributions. The Employer made matching contributions of 100% of the first 7% of participant salary deferrals.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of the Employer's contributions. Participants' accounts may be charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, compensation, or account balances, as defined.

The Plan's investments are participant-directed, and allocations of plan earnings are based upon the performance of the investment funds chosen by the participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in all contributions plus actual earnings thereon.

Participant Notes Receivable - Participants may borrow from their fund accounts up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Note terms are up to a maximum of five years unless the loan is for the purchase of a principal residence in which case the note repayment period may not extend beyond ten years from the date of the note. The notes are secured by the balance in the participant's account and bear interest at the prevailing interest rate at the time the note is granted. Principal and interest are paid through payroll deductions on a monthly basis.

Payment of Benefits - Normal retirement age is the latter of the date the participant is 65 years of age or the 5th anniversary of the participant's employment. Upon termination of service due to death, disability, retirement, or reaching age 59 1/2, distributions may be made to the participant or their beneficiary in a single lump sum payment or in installment payments. The participant may also elect to withdraw before-tax contributions in the event of financial hardship, subject to Plan provisions.

Forfeitures - Forfeitures from matching and nonelective accounts can be used to reduce employer contributions. At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$0 and \$0, respectively. In 2024 and 2023, \$0 and \$0 was used to reduce employer contributions.

Participant Investment Rollovers - Participants are allowed to transfer or rollover funds into the Plan from other qualified plans.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles in the United States of America (U.S. GAAP). This method utilizes a modified cash approach whereby contributions and expenses are recorded in the period received or paid.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, except for fully benefit-responsive contracts, which are reported at contract value. Fair value is defined as 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.

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

Participant Notes Receivable

Participant notes receivable are measured at the unpaid principal balance plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Under default (as defined), the plan administrator treats the default as a distribution and offsets the outstanding balance of the note against the participant's vested accrued balance.

Contributions

Participants' contributions are recorded by the Plan as of the date such participants' elected contributions are withheld by the Employer. Employer contributions are recorded by the Plan when committed by the plan sponsor.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Use of Estimates

The presentation of financial statements in conformity with the modified cash basis of accounting, requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Expenses

Certain administrative expenses are paid by the Employer and are excluded from these financial statements. Other expenses such as legal and accounting are paid from plan assets and deducted from participant accounts in accordance with the plan document. Investment-related expenses are included in net appreciation in fair value appreciation of investments.

Date of Management's Review

Subsequent events were evaluated through September 8, 2025, which is the date the financial statements were available to be issued.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

Substantially all information pertaining to the Plan's investments included in the financial statements, including the associated investment income (loss), was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by AXA Equitable Financial Life Insurance Company (Equitable) for 2024 and 2023, the trustee of the Plan. This information has not been audited by independent accountants.

NOTE 4 - FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

Pooled separate accounts: Pooled separate accounts are held in investment contracts with the custodian and are invested according to the stated objectives of the various accounts. The principal is not guaranteed. The pooled separate accounts are valued at the net asset value (NAV), which is based on the market value of its underlying investments. Participant transactions (purchases and sales) may occur daily. The investment objectives of the accounts include the preservation of capital, to attain certain growth or income, or to balance performance levels based on different tolerance levels of risk. The separate accounts are not restricted in regard to distributions.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS - continued

Due to a change in management's interpretation of the guidance under ASC 820 during 2020, investments measured at NAV are now classified in the fair value hierarchy because these investments are considered to have readily determinable fair value. The NAV of pooled separate accounts are considered determinable and published to current and prospective investors and are the basis for current transactions. In prior filings, management applied the practical expedient in accordance with Subtopic 820-10, which allows certain investments without readily determinable fair value to be measured at NAV per share (or its equivalent) as a practical expedient and excludes these investments from the fair value hierarchy. This change is only a change in the classification of the related investments. There have been no changes in the inputs or valuation methodologies used to calculate the NAV of the assets.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2024 and 2023:

<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments measured at NAV*				
Pooled separate accounts	\$ -	\$ -	\$ -	\$ 12,459,713
Total investments at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,459,713</u>
<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments measured at NAV*				
Pooled separate accounts	\$ -	\$ -	\$ -	\$ 10,321,137
Total investments at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,321,137</u>

* Certain investments measured at fair value using NAV as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 5 - INVESTMENTS, AT CONTRACT VALUE

The Plan participates in a benefit-responsive investment contract with Equitable. Equitable maintains the contributions in a general account. The account is credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed insurance contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

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

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - INVESTMENTS, AT CONTRACT VALUE - continued

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total Plan termination, retirement incentive programs, and the liberalization of Plan withdrawal or transfer rules. Upon occurrence of any of these events, a market value adjustment or other withdrawal restrictions may apply. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Fixed Accounts

The Plan participated in a benefit-responsive investment contract with Equitable. Equitable maintains the contributions in a fixed account. The account is credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer is not contractually obligated to repay a specified interest rate, and the account does not provide for a defined maturity date. Further, withdrawals are not subject to any market value adjustments.

The contracts do not meet the criteria to be fully benefit-responsive. However, they are reported at contract value. Contract value is the relevant measure for benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Equitable, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are managed by Equitable and certain administrative expenses, indirect fees, and costs of the Plan are paid to Equitable. Equitable is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 7 - INCOME TAX STATUS

The Plan uses a prototype plan document sponsored by Benefits Administrators, LLC. Benefits Administrators, LLC received an opinion letter from the Internal Revenue Service (IRS), dated June 30, 2020, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan has analyzed its tax positions taken and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is subject to income tax examinations generally for three years after filing.

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan should be allocated to participant accounts and distributed in such a manner as the Employer may determine.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC.
TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan provides for various participant-directed investment options, which are exposed to various risks, such as interest rate, credit risks and market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the financial statements.

SUPPLEMENTAL INFORMATION

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS
 Plan No. 001 EIN 31-0714190
 DECEMBER 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	JPMorgan Mid Cap Growth R6	Pooled separate account	**	\$ 222,203
	Vanguard Lifestrategy Moderate Growth Inv	Pooled separate account	**	1,652,159
	American Funds New World R6	Pooled separate account	**	5,016
	MFS International Diversification Fund Class R6	Pooled separate account	**	8,610
	Fidelity Total International Index	Pooled separate account	**	318,808
	Harbor Capital Appreciation Retirement	Pooled separate account	**	1,438,042
	Principal Real Estate Securities Inst	Pooled separate account	**	13,111
	Goldman Sachs Small Cap Value Insights R6	Pooled separate account	**	24,903
	Vanguard Target Retirement Income Inv	Pooled separate account	**	5,333
	Vanguard Target Retirement 2020 Inv	Pooled separate account	**	22,171
	Vanguard Target Retirement 2025 Inv	Pooled separate account	**	14,045
	Vanguard Target Retirement 2030 Inv	Pooled separate account	**	238,162
	Vanguard Target Retirement 2035 Inv	Pooled separate account	**	307,920
	Vanguard Target Retirement 2040 Inv	Pooled separate account	**	188,260
	Vanguard Target Retirement 2045 Inv	Pooled separate account	**	260,303
	Vanguard Target Retirement 2050 Inv	Pooled separate account	**	92,547
	Vanguard Target Retirement 2055 Inv	Pooled separate account	**	548,666
	Vanguard Target Retirement 2060 Inv	Pooled separate account	**	346,399
	Vanguard Target Retirement 2065 Inv	Pooled separate account	**	107,397
	Blackrock High Yield Bond K	Pooled separate account	**	43,399
	AB Small Cap Growth Z	Pooled separate account	**	41,348
	Baird Core Pus Bond Inst	Pooled separate account	**	165,260
	Fidelity 500 Index	Pooled separate account	**	2,972,254
	Fidelity Mid Cap Index	Pooled separate account	**	34,383
	Fidelity Small Cap Index	Pooled separate account	**	97,525
	Fidelity US Bond Index	Pooled separate account	**	7,634
	JPMorgan U.S. Equity Fund Class R6	Pooled separate account	**	10,668
	MFS Mid Cap Value R6	Pooled separate account	**	23,614
	MFS Value R6	Pooled separate account	**	722,067
*	Equitable Fixed Account 1	Fixed account	**	3,755,572
	Vanguard Target Retirement 2070 Inv	Pooled separate account	**	44,595

See Accompanying Notes and Independent Auditors' Report.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS - Continued

Plan No. 001 EIN 31-0714190

DECEMBER 31, 2024

* Guaranteed Interest Account	Guaranteed interest account	**	6,290,012
* EQ/Equity 500 Index	Pooled separate account	**	352,928
* AXA Moderate Allocation	Pooled separate account	**	515,830
* AXA Moderate -Plus Allocation	Pooled separate account	**	4,880
* EQ/JPMorgan Growth Stock	Pooled separate account	**	223,300
* EQ/JPMorgan Val Opportunities	Pooled separate account	**	125,248
* AXA 500 Managed Vol	Pooled separate account	**	35,454
* EQ/Com Stock Index	Pooled separate account	**	361,746
* EQ/Blackrock Basic Value Equity	Pooled separate account	**	53,816
* EQ/JANUS ENTERPRISE	Pooled separate account	**	31,189
* EQ/Gamco Small Company Value	Pooled separate account	**	72,033
* AXA Global Equity Managed Vol	Pooled separate account	**	30,717
* EQ/International Equity Index	Pooled separate account	**	1,650
* EQ/Mid Cap Index	Pooled separate account	**	67,513
* EQ/MFS International Growth	Pooled separate account	**	9,458
* EQ/MFS International Value	Pooled separate account	**	13,645
* EQ/Money Market	Pooled separate account	**	304
* EQ/Quality Bond Plus	Pooled separate account	**	15,314
* AXA 400 Managed Vol	Pooled separate account	**	21,343
* EQ/Fidelity Institutional American Large Cap	Pooled separate account	**	114,604
* AXA Large Cap Val Managed Vol	Pooled separate account	**	16,492
* AXA Mid Cap Val Managed Vol	Pooled separate account	**	8,329
* AXA AB Small Cap Growth	Pooled separate account	**	25,190
Fixed Maturity 2033	Pooled separate account	**	5,640
* AXA Large Cap Growth Managed Vol	Pooled separate account	**	4,370
* AXA Int Val Managed Vol	Pooled separate account	**	8,335
* EQ/Calvert Socially Responsible	Pooled separate account	**	5,357
* EQ/Clearbridge Large Cap Growth ESG	Pooled separate account	**	23,264
Charter Multi-Sector Bond	Pooled separate account	**	1,267
* EQ/American Century Mid Cap Val	Pooled separate account	**	1,607
* EQ/Capital Guardian Research	Pooled separate account	**	88,124
* EQ/Large Cap Value Index	Pooled separate account	**	16,844
* AXA Int Core Managed Vol	Pooled separate account	**	1,113
* EQ/Core Bond Index	Pooled separate account	**	14,951
* AXA Conservative Allocation	Pooled separate account	**	303
* EQ/High Yield Bond	Pooled separate account	**	7,778

See Accompanying Notes and Independent Auditors' Report.

IRONTON-LAWRENCE COUNTY AREA ACTION ORGANIZATION, INC. TAX SHELTERED ANNUITY PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS - Continued

Plan No. 001 EIN 31-0714190

DECEMBER 31, 2024

Target 2025 Allocation	Pooled separate account	**	21,045
* AXA Conservative-Plus Allocation	Pooled separate account	**	32,513
* EQ/Oppenheimer Global	Pooled separate account	**	11,849
AXA Aggressive Allocation	Pooled separate account	**	39
* EQ/MFS Utilities Series	Pooled separate account	**	723
* EQ/Lazard Emerging Markets Equity	Pooled separate account	**	11,879
* EQ/Goldman Sachs Mid Cap Value	Pooled separate account	**	7,080
Multimanager Core Bond	Pooled separate account	**	13,144
Pimco Vit Commodity Real Return Strategy	Pooled separate account	**	6,345
Templeton Global Bond Vip	Pooled separate account	**	6,575
* EQ/Invesco V.I. High Yield	Pooled separate account	**	5,984
1290 VT Smartbeta Equity Esg	Pooled separate account	**	19,278
* EQ/Large Cap Growth Index	Pooled separate account	**	34,151
* EQ/Small Company Index	Pooled separate account	**	11,210
EQ/Invesco Global Real Estate	Pooled separate account	**	530
Target 2045 Allocation	Pooled separate account	**	12,589
* AXA International Managed Vol	Pooled separate account	**	7,836
* EQ/MFS Mid Cap FOC Used Growth	Pooled separate account	**	195
* EQ/MFS Technology	Pooled separate account	**	10
			22,505,297
	Interest rates ranging from 4.25% -		
* Notes receivable from participants	9.50%		369,595
Total All Funds			\$ 22,874,892

* Party-in-interest

** Cost information is not required by ERISA for participant-directed investments

See Accompanying Notes and Independent Auditors' Report.