

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: COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan): COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY, 1225 GILL AVENUE, MADERA, CA 93637
2b Employer Identification Number (EIN): 94-1612823
2c Plan Sponsor's telephone number: 559-673-9173
2d Business code (see instructions): 813000

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.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	462
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	314
	6a(2)	314
	6b	0
	6c	150
	6d	464
	6e	0
	6f	464
	6g(1)	396
6g(2)	405	
6h	9	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY, INC. 403(B) RETIREMENT 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 COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY,</p>	<p>D Employer Identification Number (EIN) 94-1612823</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
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE8442	367	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">10672</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

ROBERT B RINEY **1015 BERKELEY AVENUE**
MENLO PARK, CA 94025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10648			3

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

JASON D. BAHRAMIAN **236 HERMOSA AVE**
HERMOSA BEACH, CA 90254

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23			3

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

EUGENE H. HUANG

21C ORINDER WAY, STE. 524
ORINDA, CA 94563

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			3

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

SHELLEY S NOLASCO

21227 US HIGHWAY 19 N APT 162B
CLEARWATER, FL 33765

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			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	

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	4752784
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1912858

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 4602666

c Additions: (1) Contributions deposited during the year	7c(1)	382586
	7c(2)	0
	7c(3)	137951
	7c(4)	
	7c(5)	50
▶ ADJUSTMENT		

(6) Total additions **7c(6)** 520587

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 5123253

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	367381
(2) Administration charge made by carrier.....	7e(2)	3088
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		

(5) Total deductions **7e(5)** 370469

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 4752784

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: 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: 24pt;">2024</p> <hr/> <p style="text-align: center;">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 COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY,</p>	<p>D Employer Identification Number (EIN) 94-1612823</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
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE8443	316	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 10063	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

ROBERT B RINEY **1015 BERKELEY AVENUE**
MENLO PARK, CA 94025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10031			3

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

JOANNE REDMOND **5013 EAGLESHAM COURT**
RENO, NV 89519

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

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

EUGENE H. HUANG

21C ORINDA WAY, SUITE 524
ORINDA, CA 94563

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15			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	

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	3864555
5	Current value of plan's interest under this contract in separate accounts at year end.....	1420137
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ UNALLOCATED ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 3703348
c	Additions: (1) Contributions deposited during the year	7c(1) 252577
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 113232
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 365809
d	Total of balance and additions (add lines 7b and 7c(6))	7d 4069157
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 200123
	(2) Administration charge made by carrier.....	7e(2) 3101
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ ADJUSTMENT	7e(4) 1378
(5) Total deductions	7e(5) 204602	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 3864555

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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 COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY,	D Employer Identification Number (EIN) 94-1612823	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

VOYA RETIREMENT INS & ANNUITY CO

71-0294708

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

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

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

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

(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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY,</u>	D Employer Identification Number (EIN) <u>94-1612823</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VOYA GENERAL ACCOUNT</u>		
b Name of sponsor of entity listed in (a):	<u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>		
c EIN-PN	<u>71-0294708-001</u>	d Entity code	<u>P</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>8617338</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VOYA SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a):	<u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>		
c EIN-PN	<u>71-0294708-001</u>	d Entity code	<u>P</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>3332994</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)			

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY,	D Employer Identification Number (EIN) 94-1612823

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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	600886	672736
(2) Participant contributions	1b(2)	8788	22863
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	2911330	3332994
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8306014	8617338
(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	11827018	12645931
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	50	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	50	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11826968	12645931

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)	672736	
(B) Participants.....	2a(1)(B)	420792	
(C) Others (including rollovers).....	2a(1)(C)	101	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1093629
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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		664738
(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		282
d Total income. Add all income amounts in column (b) and enter total	2d		1758649

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	929956	
(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)		929956
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)	9730	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9730
j Total expenses. Add all expense amounts in column (b) and enter total	2j		939686

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		818963
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: HUDSON & COMPANY, INC.

(2) EIN: 81-1741762

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29051
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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>COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY, INC. 403(B) RETIREMENT 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>COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY,</u>	D Employer Identification Number (EIN) <u>94-1612823</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): 71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500386A.

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC.
403(B) RETIREMENT PLAN**

**FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE**

**FOR THE YEARS ENDING
DECEMBER 31, 2024 AND 2023**

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of the
Community Action Partnership of
Madera County, Inc. 403(b) Retirement Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 a certification 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 6 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 Auditors' Responsibilities for the Audit of the Financial Statements section—

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

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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 for the Financial Statements 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 auditors' 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter

Supplemental Schedules Required by ERISA

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

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the 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).

HUDSON & COMPANY, INC.

A handwritten signature in blue ink that reads "Hudson + Company, Inc." in a cursive script.

Fresno, California
September 30, 2025

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
Investments:		
Investments at fair value	\$ 3,332,994	\$ 2,911,330
Investments at contract value	<u>8,617,338</u>	<u>8,306,014</u>
Total investments	<u>11,950,332</u>	<u>11,217,344</u>
Receivables:		
Employer contributions	672,736	600,886
Participant contributions	<u>22,863</u>	<u>8,788</u>
Total receivables	<u>695,599</u>	<u>609,674</u>
Total assets	<u>12,645,931</u>	<u>11,827,018</u>
LIABILITIES		
Operating payable	<u>-</u>	<u>50</u>
Total liabilities	<u>-</u>	<u>50</u>
Net Assets Available For Benefits	<u><u>\$ 12,645,931</u></u>	<u><u>\$ 11,826,968</u></u>

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

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 664,738	\$ 693,121
Other income	282	-
	<u>665,020</u>	<u>693,121</u>
Total investment income (loss)		
Contributions:		
Participant	420,792	361,019
Employer	672,736	600,886
Rollover	101	9,616
	<u>1,093,629</u>	<u>971,521</u>
Total contributions		
Total additions	<u>1,758,649</u>	<u>1,664,642</u>
Deductions from net assets attributed to:		
Benefits paid to participants	929,956	479,453
Administrative expenses	9,730	9,885
	<u>939,686</u>	<u>489,338</u>
Total deductions		
Net increase (decrease)	818,963	1,175,304
Net assets available for benefits:		
Beginning of year	<u>11,826,968</u>	<u>10,651,664</u>
End of year	<u>\$ 12,645,931</u>	<u>\$ 11,826,968</u>

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

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Community Action Partnership of Madera County, Inc. 403(b) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Community Action Partnership of Madera County, Inc. (the Administrator) established the Plan for the benefit of its employees in July of 1993. The total number of participants in the Plan with account balances as of December 31, 2024 and 2023, was 405 and 396, respectively. The service provider of the Plan is Navia Benefit Solutions (formerly Nexus Administrators), and the Custodian of the Plan's assets is Voya Retirement Insurance and Annuity Company (VRIAC).

General: The Administrator established the Plan to provide employees with a systematic means of saving and investing for the future. All permissible employees of the Administrator, as defined in accordance with the universal availability standards, are eligible to enroll upon meeting their service requirement of one year. The entry date into the Plan is the first day of the first month or the first day of the seventh month of the Plan year. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Participants may contribute from \$1 up to the maximum amount allowed by law and certain discrimination tests prescribed by the Internal Revenue Code. For 2024 and 2023, the 403(b) elective deferral limits are \$23,000 and \$22,500, respectively. For 2024 and 2023, the limit is increased by \$7,500 and \$7,500, respectively, for participants that have reached age 50 by the end of the Plan year and make catch-up contributions.

The Administrator may, at its sole discretion, make non-elective contributions to the Plan for each participant who satisfies the service requirement of at least 1,000 hours during the Plan year. Each participant may receive an allocation of the non-elective contribution for each Plan year up to 5% of their compensation received during the Plan year. Non-elective contributions are allocated to the participants' accounts at the end of each Plan year.

Participant Accounts: Each participant's account is credited with the participant's contributions, the Administrator's contribution (if applicable), Plan earnings, and an allocation of administrative expenses. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account.

Investment Options: Upon enrollment in the Plan, participants may direct the investment of the contributions and the Administrator's contributions into various investment contracts and annuity options offered by the Plan.

Vesting: Participants are immediately vested in the portion of their account resulting from their 403(b) elective deferral contributions and rollover contributions. However, vesting in the Administrator's contributions is based on years of service. Prior to normal retirement age, a participant's interest in the contributions of the employer becomes 100% vested after four years of service.

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (continued)**

NOTE 1 – DESCRIPTION OF PLAN (continued)

Distributions: Upon retirement or disability, a participant or beneficiary receives the entire amount credited to the participant's account in a lump sum payment. Upon death of the participant, the beneficiary has the option to receive the vested balance in the participant's account as a lump sum payment or in annual installments. Upon termination, other than by retirement, disability, or death, a participant becomes eligible to receive the current value of the participant's vested account in a lump sum.

Cash Out: Upon termination, if the vested amount of a participant's account does not exceed \$5,000, the vested account will be paid in a lump sum. If the vested amount of the participant's account exceeds \$1,000 (or such lesser amount as determined by the plan administrator in a nondiscriminatory manner) but does not exceed \$5,000 and the participant does not timely return the distribution forms, the plan administrator must transfer the vested account to an IRA established in the participant's name, unless the distribution occurs after the later of the participant's Normal Retirement Age or age 62. The mandatory distribution will be invested in an IRA designed to preserve principal and provide a reasonable rate of return and liquidity. The IRA account set-up fee is 20% of total value, up to a maximum fee of \$100, and an annual fee of \$45.

If the vested amount of the participant's account exceeds \$5,000, they must consent to any distribution of their account. However, the plan administrator may distribute the participant's vested account in a lump sum without consent at the time that payments must begin under applicable federal law.

In addition, the participant may elect to have the plan administrator begin the distribution of their benefit at any time after reaching the Normal Retirement Age (even if the participant is still working) by providing the plan administrator with a written election that they want their benefits to begin.

Inservice Distributions: As of November 1, 2018, the Plan was amended to allow for hardship withdrawals. A participant may only receive a hardship distribution if the plan administrator finds they have an immediate and heavy financial need. See the Plan document for additional information on what financial needs are considered immediate and heavy. A participant may receive a distribution on account of hardship from the following accounts, but only if they are fully vested:

- Elective Deferral Account, except earnings on the Elective Deferral Account credited after the later of December 31, 1988, and the end of the last plan year ending before July 1, 1989.
- Non-Elective Contribution Account (except that portion that has been invested in a custodial account).
- Rollover Contribution Account.

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

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (continued)**

NOTE 1 – DESCRIPTION OF PLAN (continued)

Recent Plan Amendments: The Plan has been amended throughout the years to comply with tax legislation. The Plan was most recently amended effective June 3, 2020, to allow for certain requirements of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), laws which changed the Plan, among other requirements, to allow certain eligible individuals to receive Coronavirus related relief for loan repayment, request a preapproved CARES Act distribution up to \$100,000, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts were enabled in April 2020. Written amendments to the Plan reflecting these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance. Below is additional information on the CARES Act.

CARES Act: On March 27, 2020, the CARES Act was signed into law. This aid package was designed to help the economy from the effects of the coronavirus pandemic and included provisions affecting employee benefit plans. The following provisions were mandated or adopted in 2020.

- Withdrawals of up to \$100,000, less the amount of any outstanding loans from the Plan, were permitted for participants who were employed by the Administrator and self-certified to the plan administrator that they met one of the following criteria:
 - Participant or their spouse or dependent was diagnosed with COVID-19 by a test approved by the Center for Disease Control and Prevention, or
 - Due to COVID-19, participant experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off, having work hours reduced, being unable to work due to lack of childcare, or the closing or reduced hours of their owned business.
- Participants who were employed by the Administrator and self-certified to meet one of the aforementioned criteria were permitted to suspend their Plan loan payments through the end of 2020. Their loan would be re-amortized, and payments would resume in 2021.
- The Required Minimum Distribution (RMD) rules were waived for 2020, including participants who reached eligibility in 2019 and had not yet received their distribution.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting.

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

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (continued)**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition: At December 31, 2024 and 2023, the Plan's investments were held in various money market and mutual funds and are stated at fair value or contract value as certified by the Plan's custodian. The net appreciation/depreciation in the fair value of investments includes realized and unrealized gains and losses on the fair value of investments held by the Plan. Purchases and sales of investments are recorded on a settlement date basis. Interest and dividend income is accrued as it is earned.

Excluded Contracts and Accounts: As allowed by the Department of Labor (DOL) Field Assistance Bulletin (FAB) 2009-02, the plan administrator has the ability to exclude certain contracts and accounts from Plan assets. Certain contracts and accounts may be excluded due to the fact that:

- The contract or account was issued to a current or former employee before January 1, 2009;
- The employer ceased to have any obligation to make contributions (including employee salary reduction contributions), and in fact stopped making contributions to the contract on or before January 1, 2009;
- All the rights under the contract or account are legally enforceable against the insurer or custodian by the individual owner of the contract or account without any involvement by the employer; and
- The individual owner of the contract is fully vested in the contract or account.

For the years ended December 31, 2024 and 2023, there were no contracts or accounts excluded. The plan assets include all the contracts and accounts.

Contributions: Contributions from employees and the employer are recorded in the period in which the administrator makes the payroll deductions from participant earnings.

Payment of Benefits: Benefits are recorded when paid. At December 31, 2024 and 2023, there were no benefits processed and approved for payment, but not paid.

Forfeitures: The Plan's forfeited amounts resulting from participant accounts may be used to pay for administrative expenses of the Plan. Those resulting from employer contributions may be used to reduce the employer contributions. During 2024 and 2023, employer contributions were reduced by \$0 and \$0, respectively, from forfeited nonvested accounts

Administrative Expenses: A certain amount of the Plan's administrative expenses are paid by the administrator. Other expenses, such as investment expenses, are paid from Plan assets and deducted from participant accounts in accordance with the Plan document.

Subsequent Events: In compliance with accounting standards, management has evaluated events that have occurred after year-end to determine if these events are required to be disclosed in the financial statements. Management has determined that no events require disclosure in accordance with accounting standards. These subsequent events have been evaluated through September 30, 2025, the date which the financials were available to be issued.

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (continued)**

NOTE 3 – FUNDING POLICY

A summary of the funding policy of the Plan is as follows:

Contributions:

1. Employee Salary Reduction: At the participants’ discretion up to maximum permitted by law.
2. Non-Elective: Employer may also make other discretionary contributions to the Plan. In any Plan year in which non-elective contributions are made, an allocation is made to an employee’s non-elective contribution account based on the ratio that each employee’s compensation bears to the total compensation of all eligible participants for that year.
3. Maximum Employee Contribution for 2024 and 2023: \$23,000 and \$22,500, respectively.
4. Maximum Contribution Limit – Employer plus Employee for 2024 and 2023: \$69,000 and \$66,000, respectively.
5. Maximum Compensation for 2024 and 2023: \$345,000 and \$330,000.

Vesting:

1. Employee: 100% full and immediate
2. Employer: 100% if the participant is working for the Administrator on or after the date of normal retirement. Before that date, vesting on employer matching funds follow the following schedule:

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than 1 year	0%
1 year but less than 2 years	25%
2 years but less than 3 years	50%
3 years but less than 4 years	75%
4 years or more	100%

NOTE 4 – INVESTMENTS AND FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). 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. |
|---------|---|

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (continued)**

NOTE 4 – INVESTMENTS AND FAIR VALUE MEASUREMENTS (continued)

Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none">• 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;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>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.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs and can vary from security to security and, if affected by a wide variety of factors, including the type of security, whether the security is new and not yet established in the marketplace, and other characteristics particular to the transaction. To the extent evaluation is based on models or inputs that are less observable or unobservable in the market that determination of fair value requires more judgment.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023 and there have been no transfers between levels during the years ended December 31, 2024 and 2023.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Money market fund: Valued at the NAV of shares held by the Plan at year end.

Common collective trust fund: Valued at the NAV redemption value as determined by the trustees.

The Plan's investments were held and administered by VRIAC. All investment information presented in the accompanying financial statements and supplemental schedule, including investments held, net appreciation/depreciation in fair value of investments, interest, and dividends, was obtained or derived from information supplied to the Plan administrator.

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (continued)**

NOTE 4 – INVESTMENTS AND FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common collective trust	\$ -	\$ 2,881,667	\$ -	\$ 2,881,667
Mutual funds				
Bond funds	-	5,805	-	5,805
Balanced funds	-	315,152	-	315,152
Money market funds	-	130,370	-	130,370
	<hr/>	<hr/>	<hr/>	<hr/>
Total investments at fair value	<u>\$ -</u>	<u>\$ 3,332,994</u>	<u>\$ -</u>	<u>\$ 3,332,994</u>

	Assets at Fair Value as of December 31, 2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common collective trust	\$ -	\$ 2,233,913	\$ -	\$ 2,233,913
Mutual funds				
Bond funds	-	17,483	-	17,483
Balanced funds	-	551,723	-	551,723
Money market funds	-	108,211	-	108,211
	<hr/>	<hr/>	<hr/>	<hr/>
Total investments at fair value	<u>\$ -</u>	<u>\$ 2,911,330</u>	<u>\$ -</u>	<u>\$ 2,911,330</u>

NOTE 5 – ANNUITY CONTRACTS WITH LIFE INSURANCE COMPANIES

Group annuity contract with Voya Retirement Insurance and Annuity Company:

The Plan entered into a traditional fully benefit-responsive guaranteed interest account (GIA) with Voya Retirement Insurance and Annuity Company provided through a group annuity contract (the Contract) that totaled \$8,617,338 and \$8,306,014 at December 31, 2024 and 2023, respectively. Voya Retirement Insurance and Annuity Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0 percent. The crediting rate is reviewed on an annual basis for resetting. The GIA does not permit the insurance company to terminate the agreement under normal circumstances.

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (continued)**

NOTE 5 – ANNUITY CONTRACTS WITH LIFE INSURANCE COMPANIES (continued)

Group annuity contract with Voya Retirement Insurance and Annuity Company (continued):

This 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 Voya Retirement Insurance and Annuity Company, 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 asset custodian has determined that contract value approximates fair 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.

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

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

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (continued)**

NOTE 5 – ANNUITY CONTRACTS WITH LIFE INSURANCE COMPANIES (continued)

The following table presents a reconciliation of the financial instruments measured at contract value using significant unobservable inputs (Level 3) for the years ended December 31, 2024 and 2023:

2024	Beginning balance	Net realized and unrealized gains (losses) included in change in net assets	Sales, issuances and settlement	Purchases/ Transfers	Ending balance
Guaranteed Interest Account	<u>\$ 8,306,014</u>	<u>\$ 251,183</u>	<u>\$ (575,072)</u>	<u>\$ 635,213</u>	<u>\$ 8,617,338</u>
2023	Beginning balance	Net realized and unrealized gains (losses) included in change in net assets	Sales, issuances and settlement	Purchases/ Transfers	Ending balance
Guaranteed Interest Account	<u>\$ 7,742,204</u>	<u>\$ 245,481</u>	<u>\$ (318,106)</u>	<u>\$ 636,435</u>	<u>\$ 8,306,014</u>

NOTE 6 – INVESTMENTS CERTIFIED BY PLAN CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, Voya Retirement Insurance and Annuity Company, the custodian of the Plan, has certified as being complete and accurate the investments on the Statements of Net Assets Available for Benefits, the investment activity reflected in the Statements of Changes in Net Assets Available for Benefits, and the investment information included in the supplemental schedule of the financial statements as of and for the years ended December 31, 2024 and 2023. Accordingly, as permitted under such election, the Plan administrator instructed the Plan’s independent auditors not to perform any additional auditing procedures with respect to the information certified as complete and accurate by the Plan’s custodian for their respective periods.

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (continued)**

NOTE 6 – INVESTMENTS CERTIFIED BY PLAN CUSTODIAN (continued)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the custodians:

	2024	2023
Guaranteed investment contract	\$ 8,617,338	\$ 8,306,014
Common collective trust	\$ 2,881,667	\$ 2,233,913
Mutual funds		
Bond funds	\$ 5,805	\$ 17,483
Balanced funds	\$ 315,152	\$ 551,723
Money market funds	\$ 130,370	\$ 108,211
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 664,738	\$ 693,121

NOTE 7 – PLAN ACTIVITY

Benefits under the Plan are provided by trust investments. The value of Plan assets after subtracting liabilities of the Plan, was \$12,645,931 and \$11,826,968 as of December 31, 2024 and 2023, respectively. During the 2024 plan year, the Plan experienced an increase in net assets of \$818,963 compared to the prior year's increase of \$1,175,304. This change includes unrealized gains/(losses) on investments.

NOTE 8 – RISKS AND UNCERTAINTIES

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

NOTE 9 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Administrator 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 Plan termination, participants will become one hundred percent vested in their plan assets.

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (continued)**

NOTE 10 – INCOME TAXES

Although the Plan has not requested a determination letter from the Internal Revenue Service, the Plan has been based on a prototype, and Plan management believes the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require 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 taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2024 and 2023, there are no uncertain 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 administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 11 – TRANSACTIONS WITH PARTIES-IN-INTEREST

During the year ended December 31, 2024, the Plan sponsor did not remit certain participant contributions to the Plan in a timely manner, as defined by ERISA. These instances will be corrected in the year ended December 31, 2025. These contributions are considered non-exempt party-in-interest transactions. These non-exempt transactions do not affect the tax status determination of the Plan.

The Plan invests in annuities sponsored by the Plan's custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Administrative fees related to the administration of the Plan are paid by the Plan.

The third-party administrator of the Plan and the Plan's investment advisor provide various services to the Plan and receive compensation and other fees for these services and, therefore, qualify as parties-in-interest.

There were no transactions with any parties-in-interest that would be considered prohibited transactions by DOL regulations.

NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Differences between the financial statement presentation and the Form 5500, Schedule H can occur due to differences in accounting principles and timing differences on the recognition of assets. During the years ending December 31, 2024 and 2023, there were no differences between the financial statements presented and the Form 5500 examined.

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC.
403(B) RETIREMENT PLAN**

SUPPLEMENTAL SCHEDULES

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

Employer Identification # 94-1612823

Plan Number 001

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 29,051	\$ 29,051	\$ -	\$ -	\$ -

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

Employer Identification # 94-1612823

Plan Number 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	ALLSPG SPEC SMCP VL FD A	Mutual Fund	**	\$ 22
	AMERICAN FUNDS BOND FD AM R4	Mutual Fund	**	474
	AMERICAN FUNDS FDMNTL INV R4	Mutual Fund	**	12,349
	AMERICAN FUNDS EUROPACIFIC R4	Mutual Fund	**	12
	AMERICAN FUNDS GROWTH FND R4	Mutual Fund	**	206,324
	AMERICAN FUNDS NW PRSPCTV R4	Mutual Fund	**	12
	AMERICAN FUNDS SMALLCAP R4	Mutual Fund	**	12
	AMERICAN FUNDS WASH MUTUAL R4	Mutual Fund	**	44
	ARTISAN INTERNATIONAL FUND INV	Mutual Fund	**	12
	CALVERT VP SRI BALANCED PORT	Mutual Fund	**	10
	COLUMBIA SEL MID CAP VALUE A	Mutual Fund	**	9,919
	FIDELITY VIP CONTRAFUND PT I	Mutual Fund	**	13,351
	FIDELITY VIP EQTY-INC PRT I	Mutual Fund	**	62
	FIDELITY VIP GROWTH PORT I	Mutual Fund	**	60,271
	FIDELITY VIP OVERSEAS PRT I	Mutual Fund	**	12
	FRANKLIN SMALL CAP VAL VIP 2	Mutual Fund	**	22
	INV DEV MRKTS FD A	Mutual Fund	**	13,496
	INV V.I. MN STRT SM CP F S I	Mutual Fund	**	1,696
	INVESCO VI AMR FRANCHISE FD I	Mutual Fund	**	79
	INVESCO VI CORE EQTY FUND SI	Mutual Fund	**	45
	LORD ABBETT SRS FD MC ST PT VC	Mutual Fund	**	22
	NEUBERG BERM SUS EQU FD TRS	Mutual Fund	**	46
	PIMCO VIT REAL RETURN PORT ADM	Mutual Fund	**	76
	PIONEER HIGH YIELD VCT PORT I	Mutual Fund	**	12,938
	TEMPLETON GLOBAL BOND FUND A	Mutual Fund	**	502
*	VOYA BALANCED PORTFOLIO I	Mutual Fund	**	323,209
*	VOYA FIXED ACCOUNT (4550)	Guaranteed Investment Contract	**	4,858,042
*	VOYA FIXED ACCOUNT (4552)	Guaranteed Investment Contract	**	51,000
*	VOYA FIXED PLUS ACCOUNT (4564)	Guaranteed Investment Contract	**	311,315
*	VOYA FIXED PLUS ACCOUNT II A	Guaranteed Investment Contract	**	3,388,758

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
DECEMBER 31, 2024**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VOYA GLO HI DIV LOW VOL PRTF I	Mutual Fund	**	\$ 1,739
*	VOYA GLOBAL BOND PORT I	Mutual Fund	**	75
*	VOYA GLOB INSIGHTS PORT INIT	Mutual Fund	**	41,022
*	VOYA GOV MONEY MARKET PORT I	Mutual Fund	**	130,370
*	VOYA GROWTH AND INCOME PORT I	Mutual Fund	**	460,170
*	VOYA HIGH YIELD PORT INS	Mutual Fund	**	2,669
*	VOYA INDEX PLUS SMALLCAP PRT I	Mutual Fund	**	22
*	VOYA INDEX PLUS MIDCAP PRT I	Mutual Fund	**	22
*	VOYA INDEX PLUS LARGE CAP PRT I	Mutual Fund	**	53,259
*	VOYA INTERMEDIATE BOND PRT I	Mutual Fund	**	3,939
*	VOYA INTERNATIONAL IND PRT I	Mutual Fund	**	12
*	VOYA LARGE CAP GROWTH PRT INS	Mutual Fund	**	398
*	VOYA LARGE CAP VALUE PORT INS	Mutual Fund	**	6,723
*	VOYA MID CAP OPPORT PORT I	Mutual Fund	**	23
*	VOYA RUSSELL LC VI IND PRT S	Mutual Fund	**	9
*	VOYA RUSSELL LCP GR IND PRT I	Mutual Fund	**	15,889
*	VOYA RUSSELL LGCP INDX PRT I	Mutual Fund	**	8,006
*	VOYA RUSSELL SMCP INDX PRT I	Mutual Fund	**	6,164
*	VOYA SHORT-TERM GAA	Guaranteed Investment Contract	**	8,223
*	VOYA SMALL COMPANY PORT I	Mutual Fund	**	4,623
*	VOYA SMCP OPPORT PORT I	Mutual Fund	**	22
*	VOYA SOLUTION 2025 PORT SRV	Mutual Fund	**	65,610
*	VOYA SOLUTION 2030 PORT SRV	Mutual Fund	**	3,653
*	VOYA SOLUTION 2035 PORT SRV	Mutual Fund	**	202,911
*	VOYA SOLUTION 2040 PORT SRV	Mutual Fund	**	8,753
*	VOYA SOLUTION 2045 PORT SRV	Mutual Fund	**	282,173
*	VOYA SOLUTION 2050 PORT SRV	Mutual Fund	**	18,018
*	VOYA SOLUTION 2055 PORT SRV	Mutual Fund	**	338,203
*	VOYA SOLUTION 2060 PORT SRV	Mutual Fund	**	61,494
*	VOYA SOLUTION 2065 PORT SRV	Mutual Fund	**	92,185
*	VOYA SOLUTION AGGRESS PT I	Mutual Fund	**	25,722
*	VOYA SOLUTION BALANCED PT I	Mutual Fund	**	436,620
*	VOYA SOLUTION CONSERV PT I	Mutual Fund	**	56,474
*	VOYA SOLUTION INCOME PT SRV	Mutual Fund	**	6,725

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
DECEMBER 31, 2024**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VOYA US BOND INDEX PORT I	Mutual Fund	**	\$ 814
*	VOYINTLHIDIVLOW VOL PORT-IN	Mutual Fund	**	29
*	VY AMCEN SM-MDCP VL PT SRV	Mutual Fund	**	5,822
*	VY BARON GROWTH PORT SRV	Mutual Fund	**	5,802
*	VY COL CONTR CORE PORT SRV	Mutual Fund	**	45
*	VY INVESCO COMSTOCK PORT SRV	Mutual Fund	**	4,769
*	VY INVESCO EQTY & INC PT I	Mutual Fund	**	72,316
*	VY INVESCO GRW & INC PRT SRV	Mutual Fund	**	201
*	VY JPM EMRG MKTS EQ PORT SRV	Mutual Fund	**	9,621
*	VY JPM MDCP VALUE PORT SRV	Mutual Fund	**	251
*	VY JPM SMCP CR EQ PORT SRV	Mutual Fund	**	10,608
*	VY TRWPR CAP APPREC PORT SRV	Mutual Fund	**	83,521
*	VY TRWPR DIVR MDCP GR PT I	Mutual Fund	**	128,043
*	VY TRWPR EQTY INCOME PRT SRV	Mutual Fund	**	443
*	VY TRWPR GRW EQTY PT I	Mutual Fund	**	21,984
*	WAGNER INTERNATIONAL	Mutual Fund	**	11
				<u>\$ 11,950,332</u>

* Denotes party-in-interest as defined in the Employee Retirement Income Security Act of 1974.

** Cost information is not required for participant directed investments and is therefore not included.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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



- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY, INC. 403 (B) RETIREMENT PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	07/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY, 1225 GILL AVENUE MADERA CA 93637	2b Employer Identification Number (EIN)	94-1612823
	2c Plan Sponsor's telephone number	559-673-9173
	2d Business code (see instructions)	813000

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

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

SIGN HERE		10/9/2025	DONNA TOOLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/9/2025	DONNA TOOLEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

Employer Identification # 94-1612823

Plan Number 001

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 29,051	\$ 29,051	\$ -	\$ -	\$ -

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

Employer Identification # 94-1612823

Plan Number 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	ALLSPG SPEC SMCP VL FD A	Mutual Fund	**	\$ 22
	AMERICAN FUNDS BOND FD AM R4	Mutual Fund	**	474
	AMERICAN FUNDS FDMNTL INV R4	Mutual Fund	**	12,349
	AMERICAN FUNDS EUROPACIFIC R4	Mutual Fund	**	12
	AMERICAN FUNDS GROWTH FND R4	Mutual Fund	**	206,324
	AMERICAN FUNDS NW PRSPCTV R4	Mutual Fund	**	12
	AMERICAN FUNDS SMALLCAP R4	Mutual Fund	**	12
	AMERICAN FUNDS WASH MUTUAL R4	Mutual Fund	**	44
	ARTISAN INTERNATIONAL FUND INV	Mutual Fund	**	12
	CALVERT VP SRI BALANCED PORT	Mutual Fund	**	10
	COLUMBIA SEL MID CAP VALUE A	Mutual Fund	**	9,919
	FIDELITY VIP CONTRAFUND PT I	Mutual Fund	**	13,351
	FIDELITY VIP EQTY-INC PRT I	Mutual Fund	**	62
	FIDELITY VIP GROWTH PORT I	Mutual Fund	**	60,271
	FIDELITY VIP OVERSEAS PRT I	Mutual Fund	**	12
	FRANKLIN SMALL CAP VAL VIP 2	Mutual Fund	**	22
	INV DEV MRKTS FD A	Mutual Fund	**	13,496
	INV V.I. MN STRT SM CP F S I	Mutual Fund	**	1,696
	INVESCO VI AMR FRANCHISE FD I	Mutual Fund	**	79
	INVESCO VI CORE EQTY FUND SI	Mutual Fund	**	45
	LORD ABBETT SRS FD MC ST PT VC	Mutual Fund	**	22
	NEUBERG BERM SUS EQU FD TRS	Mutual Fund	**	46
	PIMCO VIT REAL RETURN PORT ADM	Mutual Fund	**	76
	PIONEER HIGH YIELD VCT PORT I	Mutual Fund	**	12,938
	TEMPLETON GLOBAL BOND FUND A	Mutual Fund	**	502
*	VOYA BALANCED PORTFOLIO I	Mutual Fund	**	323,209
*	VOYA FIXED ACCOUNT (4550)	Guaranteed Investment Contract	**	4,858,042
*	VOYA FIXED ACCOUNT (4552)	Guaranteed Investment Contract	**	51,000
*	VOYA FIXED PLUS ACCOUNT (4564)	Guaranteed Investment Contract	**	311,315
*	VOYA FIXED PLUS ACCOUNT II A	Guaranteed Investment Contract	**	3,388,758

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
DECEMBER 31, 2024**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VOYA GLO HI DIV LOW VOL PRTF I	Mutual Fund	**	\$ 1,739
*	VOYA GLOBAL BOND PORT I	Mutual Fund	**	75
*	VOYA GLOB INSIGHTS PORT INIT	Mutual Fund	**	41,022
*	VOYA GOV MONEY MARKET PORT I	Mutual Fund	**	130,370
*	VOYA GROWTH AND INCOME PORT I	Mutual Fund	**	460,170
*	VOYA HIGH YIELD PORT INS	Mutual Fund	**	2,669
*	VOYA INDEX PLUS SMALLCAP PRT I	Mutual Fund	**	22
*	VOYA INDEX PLUS MIDCAP PRT I	Mutual Fund	**	22
*	VOYA INDEX PLUS LARGE CAP PRT I	Mutual Fund	**	53,259
*	VOYA INTERMEDIATE BOND PRT I	Mutual Fund	**	3,939
*	VOYA INTERNATIONAL IND PRT I	Mutual Fund	**	12
*	VOYA LARGE CAP GROWTH PRT INS	Mutual Fund	**	398
*	VOYA LARGE CAP VALUE PORT INS	Mutual Fund	**	6,723
*	VOYA MID CAP OPPORT PORT I	Mutual Fund	**	23
*	VOYA RUSSELL LC VI IND PRT S	Mutual Fund	**	9
*	VOYA RUSSELL LCP GR IND PRT I	Mutual Fund	**	15,889
*	VOYA RUSSELL LGCP INDX PRT I	Mutual Fund	**	8,006
*	VOYA RUSSELL SMCP INDX PRT I	Mutual Fund	**	6,164
*	VOYA SHORT-TERM GAA	Guaranteed Investment Contract	**	8,223
*	VOYA SMALL COMPANY PORT I	Mutual Fund	**	4,623
*	VOYA SMCP OPPORT PORT I	Mutual Fund	**	22
*	VOYA SOLUTION 2025 PORT SRV	Mutual Fund	**	65,610
*	VOYA SOLUTION 2030 PORT SRV	Mutual Fund	**	3,653
*	VOYA SOLUTION 2035 PORT SRV	Mutual Fund	**	202,911
*	VOYA SOLUTION 2040 PORT SRV	Mutual Fund	**	8,753
*	VOYA SOLUTION 2045 PORT SRV	Mutual Fund	**	282,173
*	VOYA SOLUTION 2050 PORT SRV	Mutual Fund	**	18,018
*	VOYA SOLUTION 2055 PORT SRV	Mutual Fund	**	338,203
*	VOYA SOLUTION 2060 PORT SRV	Mutual Fund	**	61,494
*	VOYA SOLUTION 2065 PORT SRV	Mutual Fund	**	92,185
*	VOYA SOLUTION AGGRESS PT I	Mutual Fund	**	25,722
*	VOYA SOLUTION BALANCED PT I	Mutual Fund	**	436,620
*	VOYA SOLUTION CONSERV PT I	Mutual Fund	**	56,474
*	VOYA SOLUTION INCOME PT SRV	Mutual Fund	**	6,725

**COMMUNITY ACTION PARTNERSHIP
OF MADERA COUNTY, INC. 403(B) RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
DECEMBER 31, 2024**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VOYA US BOND INDEX PORT I	Mutual Fund	**	\$ 814
*	VOYINTLHIDIVLOW VOL PORT-IN	Mutual Fund	**	29
*	VY AMCEN SM-MDCP VL PT SRV	Mutual Fund	**	5,822
*	VY BARON GROWTH PORT SRV	Mutual Fund	**	5,802
*	VY COL CONTR CORE PORT SRV	Mutual Fund	**	45
*	VY INVESCO COMSTOCK PORT SRV	Mutual Fund	**	4,769
*	VY INVESCO EQTY & INC PT I	Mutual Fund	**	72,316
*	VY INVESCO GRW & INC PRT SRV	Mutual Fund	**	201
*	VY JPM EMRG MKTS EQ PORT SRV	Mutual Fund	**	9,621
*	VY JPM MDCP VALUE PORT SRV	Mutual Fund	**	251
*	VY JPM SMCP CR EQ PORT SRV	Mutual Fund	**	10,608
*	VY TRWPR CAP APPREC PORT SRV	Mutual Fund	**	83,521
*	VY TRWPR DIVR MDCP GR PT I	Mutual Fund	**	128,043
*	VY TRWPR EQTY INCOME PRT SRV	Mutual Fund	**	443
*	VY TRWPR GRW EQTY PT I	Mutual Fund	**	21,984
*	WAGNER INTERNATIONAL	Mutual Fund	**	11
				<u>\$ 11,950,332</u>

* Denotes party-in-interest as defined in the Employee Retirement Income Security Act of 1974.

** Cost information is not required for participant directed investments and is therefore not included.