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

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>403(B) THRIFT PLAN OF THE ARC GLOUCESTER</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>THE ARC GLOUCESTER, INC.</u></p> <p><u>1555 GATEWAY BLVD</u><br/><u>WEST DEPTFORD, NJ 08096</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/2009</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>21-0697151</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>856-848-8648</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>624100</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/10/2025 | LISA CONLEY  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|  |  |
|--|--|
| <p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>LISA CONLEY</p> <p>1555 GATEWAY BLVD<br/>WEST DEPTFORD, NJ 08096</p> | <p><b>3b</b> Administrator's EIN<br/>21-0697151</p> <p><b>3c</b> Administrator's telephone number<br/>856-848-8648</p> |
|--|--|

|   |  |
|---|--|
| <p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p> | <p><b>4b</b> EIN</p> <p><b>4d</b> PN</p> |
|---|--|

|   |          |     |
|---|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 278 |
|---|----------|-----|

|  |              |     |
|--|--------------|-----|
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |              |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....  | <b>6a(1)</b> | 194 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....  | <b>6a(2)</b> | 193 |
| <b>b</b> Retired or separated participants receiving benefits.....   | <b>6b</b>    | 22  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....   | <b>6c</b>    | 47  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....  | <b>6d</b>    | 262 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....   | <b>6e</b>    | 2   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  | <b>6f</b>    | 264 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....   | <b>6g(1)</b> | 249 |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....   | <b>6g(2)</b> | 255 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....  | <b>6h</b>    | 10  |

|  |          |  |
|--|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--|----------|--|

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

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

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

**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   1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

| <b>Part II</b>                 | <b>Investment and Annuity Contract Information</b>   |                     |
|--------------------------------|--|---------------------|
|                                | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                     |
| <b>4</b>                       | Current value of plan's interest under this contract in the general account at year end .....  | 2976019             |
| <b>5</b>                       | Current value of plan's interest under this contract in separate accounts at year end.....   | 5251377             |
| <b>6</b>                       | <b>Contracts With Allocated Funds:</b>   |                     |
| <b>a</b>                       | State the basis of premium rates ▶   |                     |
| <b>b</b>                       | Premiums paid to carrier .....   | <b>6b</b>           |
| <b>c</b>                       | Premiums due but unpaid at the end of the year .....   | <b>6c</b>           |
| <b>d</b>                       | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                      | <b>6d</b>           |
| <b>e</b>                       | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input checked="" type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                     |
| <b>f</b>                       | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                     |
| <b>7</b>                       | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                     |
| <b>a</b>                       | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |                     |
| <b>b</b>                       | Balance at the end of the previous year .....  | <b>7b</b> 2856640   |
| <b>c</b>                       | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b> 139593 |
|                                | (2) Dividends and credits.....   | <b>7c(2)</b>        |
|                                | (3) Interest credited during the year.....   | <b>7c(3)</b> 83182  |
|                                | (4) Transferred from separate account .....  | <b>7c(4)</b> 64192  |
|                                | (5) Other (specify below).....   | <b>7c(5)</b> 26661  |
|                                | ▶ <b>LOANS AND FORFEITURES</b>   |                     |
|                                | (6) Total additions .....  | <b>7c(6)</b> 313628 |
| <b>d</b>                       | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 3170268   |
| <b>e</b>                       | <b>Deductions:</b>   |                     |
|                                | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 185513 |
|                                | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 1257   |
|                                | (3) Transferred to separate account .....  | <b>7e(3)</b> 7056   |
|                                | (4) Other (specify below).....   | <b>7e(4)</b> 423    |
| ▶ <b>LOANS AND FORFEITURES</b> |  |                     |
|                                | (5) Total deductions .....   | <b>7e(5)</b> 194249 |
| <b>f</b>                       | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 2976019   |

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>403(B) THRIFT PLAN OF THE ARC GLOUCESTER</b>                         | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE ARC GLOUCESTER, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>21-0697151</b> |            |

**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

|                             |  |
|-----------------------------|--|
| <b>FIDELITY INVESTMENTS</b> | <b>82 DEVONSHIRE STREET<br/>BOSTON, MA 02109</b> |
|-----------------------------|--|

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

|                 |   |
|-----------------|---|
| <b>VANGUARD</b> | <b>100 VANGUARD BOULEVARD<br/>MALVERN, PA 19355</b> |
|-----------------|---|

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

|                                     |   |
|-------------------------------------|---|
| <b>AMERICAN CENTURY INVESTMENTS</b> | <b>PO BOX 419200<br/>4500 MAIN STREET<br/>KANSAS CITY, MO 64141</b> |
|-------------------------------------|---|

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

|  |  |
|--|--|
| <b>CALVERT RESEARCH AND MANAGEMENT</b> | <b>1825 CONNECTICUT AVENUE NW<br/>SUITE 400<br/>WASHINGTON, DC 20009</b> |
|--|--|

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

PIMCO  
840 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660

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

T ROWE PRICE ASSOCIATES, INC  
100 EAST PRATT STREET  
BALTIMORE, MD 21202

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

MFS  
111 HUNTINGTON AVENUE  
BOSTON, MA 02199

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

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

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

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

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

GOLDMAN SACHS  
200 WEST STREET  
NEW YORK, NY 10282

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

DELAWARE FUNDS BY MACQUARIE  
PO BOX 9876  
PROVIDENCE, RI 02940

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

DWS  
210 WEST 10TH STREET  
KANSAS CITY, MO 64105

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

INVESCO

11 GREENWAY PLAZA  
STE 2500  
HOUSTON, TX 77046

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

AMERICAN FUNDS

333 SOUTH HOPE STREET  
LOS ANGELES, CA 90071

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

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

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

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

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

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

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

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE  
NEW YORK, NY 10022

13-1614399

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 15 37<br>65         | RECORD<br>KEEPER  | 3545   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>403(B) THRIFT PLAN OF THE ARC GLOUCESTER</u>                                | <b>B</b> Three-digit plan number (PN)                              | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>THE ARC GLOUCESTER, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>21-0697151</u> |            |

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

|  |                               |  |
|--|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NUMBER SA2</u>            |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA LIFE INSURANCE CO</u> |                               |  |
| <b>c</b> EIN-PN <u>13-1614399-002</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5251377</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |





|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>403(B) THRIFT PLAN OF THE ARC GLOUCESTER</b>                                 | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE ARC GLOUCESTER, INC.</b>         | <b>D</b> Employer Identification Number (EIN)<br><b>21-0697151</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|   | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| <b>Assets</b>   |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:   |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>          | 348160          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         | 5251377         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>         |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 2627859         |
| <b>(15)</b> Other.....  | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                                  |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property.....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 7182429                      | 8227396                |
| <b>Liabilities</b>   |              |                              |                        |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                              |                        |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                              |                        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                              |                        |
| <b>Net Assets</b>  |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 7182429                      | 8227396                |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 556211            |                  |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 116612            |                  |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 32784             |                  |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 705607           |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| <b>(1) Interest:</b>   |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |                   |                  |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |                   |                  |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 83182             |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 83182            |
| <b>(2) Dividends:</b>  |                 |                   |                  |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |                   |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   |                  |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |                   |                  |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |                   |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |                   |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |                   |                  |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |                   |                  |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |                   |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|   |        | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 601129    |
| (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) |            |           |
| <b>c</b> Other income .....   | 2c     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 1389918   |

**Expenses**

|   |        |        |        |
|---|--------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 341891 |        |
| (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)  |        | 341891 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        |        |
| <b>h</b> Interest expense .....   | 2h     |        |        |
| <b>i</b> Administrative expenses:   |        |        |        |
| (1) Salaries and allowances .....   | 2i(1)  |        |        |
| (2) Contract administrator fees .....   | 2i(2)  |        |        |
| (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) | 3060   |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) |        | 3060   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |        | 344951 |

**Net Income and Reconciliation**

|   |       |  |         |
|---|-------|--|---------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1044967 |
| <b>l</b> 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: FORD SCOTT AND ASSOCIATES, L.L.C.

(2) EIN: 22-2087086

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>403(B) THRIFT PLAN OF THE ARC GLOUCESTER</u>                         | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE ARC GLOUCESTER, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>21-0697151</u> |            |

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

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

|  |          |           |
|--|----------|-----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | <b>1</b> |           |
| <b>2</b> 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):<br>EIN(s): <u>13-3590259</u> |          |           |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |          |           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | <b>3</b> | <u>22</u> |

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

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

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

|   |           |          |
|---|-----------|----------|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> | <u>0</u> |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> | <u>0</u> |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>6c</b> | <u>0</u> |

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

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

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**403(b) THRIFT PLAN OF THE ARC GLOUCESTER**

**FINANCIAL STATEMENTS**

**AS OF**

**DECEMBER 31, 2024 and 2023**



**403(b) THRIFT PLAN OF THE ARC GLOUCESTER**

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# FORD - SCOTT

& ASSOCIATES, L.L.C.

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## INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of  
The 403(b) Thrift Plan of ARC Gloucester

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

We have performed an audit of the accompanying financial statements of the 403(b) Thrift Plan of ARC Gloucester, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits 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 403(b) Thrift Plan of ARC Gloucester's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 403(b) Thrift Plan of ARC Gloucester and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 these 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 403(b) Thrift Plan of ARC Gloucester's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

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

- Exercise professional judgement 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 403(b) Thrift Plan of ARC Gloucester'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 judgement, there are conditions or events, considered in aggregate, that raise substantial doubt about 403(b) Thrift Plan of ARC Gloucester'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 Schedule Required by ERISA**

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets as of December 31, 2024, is presented for purposes of additional analysis and are not a required part of 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion –

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by 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).

*Ford, Scott & Assoc., L.L.C.*

**FORD, SCOTT & ASSOCIATES, L.L.C.  
CERTIFIED PUBLIC ACCOUNTANTS**

Ocean City, NJ  
October 8, 2025

**403(b) THRIFT PLAN OF THE ARC GLOUCESTER**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31,**

|                                    | 2024         | 2023      |
|------------------------------------|--------------|-----------|
| ASSETS                             |              |           |
| Investments (at contract value)    |              |           |
| Interest Accumulation Account      | \$ 1,800,891 | 1,688,699 |
| Investments (at fair value)        |              |           |
| Pooled Separate Accounts           | 4,941,627    | 4,078,359 |
| Total Investments                  | 6,742,518    | 5,767,058 |
| Receivables                        |              |           |
| Employer Contributions Receivable  | 41,261       | 42,658    |
| Notes Receivable from Participants | 339,045      | 311,210   |
| Total Receivables                  | 380,306      | 353,868   |
| TOTAL ASSETS                       | 7,122,824    | 6,120,926 |
| NET ASSETS AVAILABLE FOR BENEFITS  | \$ 7,122,824 | 6,120,926 |

The accompanying notes are an integral part of these financial statements

**403(b) THRIFT PLAN OF THE ARC GLOUCESTER**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED DECEMBER 31,**

|   | 2024                | 2023             |
|---|---------------------|------------------|
| <b>ADDITIONS</b>  |                     |                  |
| Additions/(Deductions) to Net Assets Attributed to:             |                     |                  |
| Investment Income/(Loss)  |                     |                  |
| Net Appreciation/(Depreciation) of Fair Value<br>of Investments | \$ 540,023          | 581,654          |
| Interest, Dividends and Capital Gain Distributions              | 58,122              | 31,563           |
| Total Investment Income/(Loss)                                  | 598,145             | 613,217          |
| Contributions   |                     |                  |
| Employer Contributions  | 554,815             | 551,932          |
| Employee Contributions  | 96,692              | 94,144           |
| Rollover Contributions  | 32,784              | -                |
| Total Contributions   | 684,291             | 646,076          |
| <b>TOTAL ADDITIONS/(DEDUCTIONS)</b>                             | <b>1,282,436</b>    | <b>1,259,293</b> |
| <b>DEDUCTIONS</b>   |                     |                  |
| Deductions from Net Assets Attributable to:                     |                     |                  |
| Benefits Paid to Participants                                   | 277,656             | 587,105          |
| Administrative Expenses   | 2,882               | 1,924            |
| <b>TOTAL DEDUCTIONS</b>   | <b>280,538</b>      | <b>589,029</b>   |
| <b>NET INCREASE/(DECREASE)</b>                                  | <b>1,001,898</b>    | <b>670,264</b>   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                        |                     |                  |
| <b>BEGINNING OF YEAR</b>  | <b>6,120,926</b>    | <b>5,450,662</b> |
| <b>END OF YEAR</b>  | <b>\$ 7,122,824</b> | <b>6,120,926</b> |

The accompanying notes are an integral part of these financial statements

**403(b) THRIFT PLAN OF  
THE ARC GLOUCESTER  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

**NOTE A – PLAN DESCRIPTION:**

The following description of the 403(B) Thrift Plan of the ARC Gloucester (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. **General:** The Plan, which was effective January 1, 2009 but not adopted until May 1, 2017, is a defined contribution plan under section 403(b) of the Internal Revenue Code covering all employees for salary reduction purposes and all employees who have met the age and service requirements of The Arc Gloucester (Association). It is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA). The Association oversees governance of the Plan.
2. **Eligibility:** All employees of the Association are eligible to make salary reduction contributions, however are not required to do so. Regardless of making employee contribution deferrals, all employees of the Association who have one year of service and are age twenty-one or older are enrolled in the Plan. One year of service is defined as completing 1,000 hours within that twelve month period. Participants enrolled are entitled to receive Association contributions on the first day of the month following the date they meet the eligibility requirements.
3. **Contributions:** Employees have the option to make either or both before tax or Roth salary reduction contributions to the Plan. These contributions can be in any multiple of 1 percent up to 100 percent. All contributions are subject to the limitation per the Internal Revenue Code. If any employee has attained age 50, additional catch-up contributions are permitted per IRS limitation. For eligible employees, each month the Association contributes 7 percent of pretax monthly compensation on behalf of each participant. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts and an interest accumulation account as investment options for participants. In 2024 and 2023, employee contributions were \$96,692 and \$94,144, respectively, while the Association's contributions were \$554,815 and \$551,932, respectively. Association matching contributions are not provided under this Plan.
4. **Participant Accounts:** Each participant's account is credited with the participant's allocations of (a) employee contributions if applicable, (b) the Association's contribution, (c) Plan earnings (losses), and are charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant accounts and activity, as defined. Participants have the opportunity to allocate their account funds to any available investment option. If no allocation is made by the participant, a default investment alternative will be made on their behalf based on their retirement age. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
5. **Vesting:** Employee salary reduction and rollover contributions are 100% vested. Vesting in the Association's contributions portion of the participant's accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after five years of credited service based on the following schedule:

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| <u>Years of Service</u> | <u>Percentage Vested</u> |
|-------------------------|--------------------------|
| Less than 2             | 0%                       |
| 2                       | 25%                      |
| 3                       | 50%                      |
| 4                       | 75%                      |
| 5                       | 100%                     |

In addition, a participant becomes 100% vested upon reaching the age of 55, upon total and permanent disability or death.

6. **Notes Receivable from Participants:** Participants may borrow from their fund accounts a minimum of \$1,000 to a maximum of equal to the lesser of \$50,000 or 50% of their vested non-Roth account balance. The notes are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan trustee. Principal and interest is paid ratably through level periodic payments. The interest rate is tied to and fluctuates with the interest paid on the Mutual of America Interest Accumulation Account plus 3%. The rate is subject to modification and is adjusted if necessary.
  
7. **Payment of Benefits:** Participants may withdraw amounts in their salary reduction contribution account at any time after reaching the age of 59½. If this age requirement is not met, withdrawals are subject to federal tax law restricts. Participants may withdraw funds allocated to the Association Contribution Accounts, including earnings on those accounts, upon termination of service due to death, disability, retirement or reaching the age of 59½. A participant may elect to receive a lump-sum amount equal to the participant's vested interest in his or her account, or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.
  
8. **Forfeited Accounts:** At December 31, 2024 and 2023, forfeited balances on non-vested accounts totaled \$26,231 and \$39,854 respectively. Forfeitures will be used to first pay certain Plan expenses. Any amount remaining will be allocated among the participants who are employees on the last day of the Plan in the ratio that each such participant's compensation for that Plan year bears to the compensation of all such Plan participants for that Plan year.
  
9. **Termination of the Plan:** Although it has not expressed any intent to do so, the Association reserves the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the event of Plan termination, each participant will become 100% vested in the value of their accounts.
  
10. **Plan Expenses:** The total Plan administrative expenses for the years ended December 31, 2024 and 2023 were \$2,882 and \$1,924, respectively.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

*Use of Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**403(b) THRIFT PLAN OF  
THE ARC GLOUCESTER  
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DECEMBER 31, 2024 and 2023**

*Basis of Accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting.

*Investment Valuation and Income Recognition*

The Plan's investments are stated at fair value (except for the general interest accumulation account, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee and insurance company. See Note C for the discussion of fair value measurement.

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

*Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded. If a participant does not make note repayments and the Association considers the participant note to be in default, the note balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

*Payment of Benefits*

Benefits are recorded when paid.

*Operating Expenses*

All operating expenses of the Plan, such as professional fees and administrative expenses related to the maintenance of the Plan's books and records, are paid by the Association and therefore excluded from these financial statements.

*Employee and Employer Contributions*

All employee contributions are paid to Mutual of America Life Insurance Company following the pay period in which they were earned/deducted. All employer contributions are paid by the Association to Mutual of America Life Insurance Company once a month following the pay periods in which they were earned/deducted.

**NOTE C – FAIR VALUE MEASUREMENTS:**

The Plan's investments, with the exception of the general interest accumulation account which is reported at contract value, are reported at fair value in the accompanying Statement of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies

**403(b) THRIFT PLAN OF  
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or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were noted available. There are no plan assets requiring the use of Level 2 and Level 3 inputs for the periods presented.

The following is a description of the valuation methodologies used assets measured at fair value. There have been no changes to methodologies used at December 31, 2024 and 2023.

*Level 1: Fair Value Measurements*

The fair value of the pooled separate accounts are based on quoted net asset values of the shares as reported by the fund. The funds held by the Plan are pooled assets registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

The following tables illustrate the fair value hierarchy for the Plan's investments at fair value as of December 31, 2024 and 2023:

| <b><u>December 31, 2024</u></b> | <u>Fair Value<br/>(Level 1)</u> | <u>Total</u>     |
|---------------------------------|---------------------------------|------------------|
| Pooled Separate Accounts        | <u>\$ 4,941,627</u>             | <u>4,941,627</u> |
| Total Assets at Fair Value      | <u>\$ 4,941,627</u>             | <u>4,941,627</u> |

| <b><u>December 31, 2023</u></b> | <u>Fair Value<br/>(Level 1)</u> | <u>Total</u>     |
|---------------------------------|---------------------------------|------------------|
| Pooled Separate Accounts        | <u>\$ 4,078,359</u>             | <u>4,078,359</u> |
| Total Assets at Fair Value      | <u>\$ 4,078,359</u>             | <u>4,078,359</u> |

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are reported in the net appreciation/(depreciation) in the fair value of investments.

**NOTE D – INVESTMENTS:**

All investment balances at December 31, 2024 and 2023 are certified by Mutual of America Life Insurance Company and are valued at fair and contract value as stated by Mutual of America Life Insurance Company.

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During 2024 and 2023, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated/(depreciated) in value as follows:

|   | <u>2024</u>       | <u>2023</u>    |
|---|-------------------|----------------|
| Net appreciation/(depreciation) in<br>Fair value of investments | \$ <u>540,023</u> | <u>581,654</u> |

**NOTE E – INTEREST ACCUMULATION ACCOUNT:**

The Plan has an interest accumulation account with Mutual of America Life Insurance Company (Mutual). Mutual maintains the Plan's contributions in its general account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Mutual. The account is included in the financial statements at contract value as reported to the Plan by Mutual. Contract value represents contributions made into the Plan, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment. The interest accumulation account is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan with adjustments on the rate on a quarterly basis. The year end balance noted below includes the notes to participants balance.

The interest accumulation account represents approximately 25% of the Plan's net assets at December 31, 2024 and 28% at December 31, 2023. The average yield on the Plan's insurance contract for the years ended December 31, 2024 and 2023 were as follows:

|                   | <u>2024</u>         | <u>2023</u>      |
|-------------------|---------------------|------------------|
| Interest Earnings | \$ 31,563           | 31,563           |
| Year End Balance  | <u>\$ 2,139,936</u> | <u>1,999,909</u> |
| Yield             | <u>2.716%</u>       | <u>1.578%</u>    |

**NOTE F – NOTES RECEIVABLE FROM PARTICIPANTS:**

Participant notes are maintained by Mutual of America Life Insurance Company and the collateral for these notes is retained in the General Account Fund. The individual participant accounts are restricted to the amount of outstanding note at any time. Since the notes are secured by the participants' vested account balances, there is no risk of non-payment on the notes. Notes issued in 2024 had an original rate of 5.85%. Since the Plan trustee maintains the notes, interest income is not earned by the Plan. The activity for the previous two years was as follows:

|      | <u>Beginning Balance</u> | <u>Originations</u> | <u>Payments</u> | <u>Ending Balance</u> |
|------|--------------------------|---------------------|-----------------|-----------------------|
| 2024 | \$ 311,210               | 160,012             | (132,177)       | \$ 339,045            |
| 2023 | \$ 301,930               | 156,873             | (147,593)       | \$ 311,210            |

**NOTE G – TAX STATUS:**

The provisions of the Plan have been designed by Mutual of America Life Insurance Company to meet the requirements of the Internal Revenue Service Code and the requirements of the Internal Revenue Service dealing with master and prototype plans, when used in conjunction with certain group annuity contracts issued by Mutual of America Life Insurance Company. Mutual of America Life Insurance

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Company has submitted this form of a pension plan document to the Internal Revenue Service and has received a letter from the Service to the effect that it is acceptable as to the form for use by employers. The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for the Plan participants under Section 403(b). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine tax audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2020.

**NOTE H – RELATED PARTY TRANSACTIONS:**

Certain Plan investments are shares of pooled separate accounts and an interest accumulation account managed by Mutual of America Life Insurance Company. Mutual of America Life Insurance Company is the Plan trustee as defined by the Plan and, therefore these transactions qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

**NOTE I – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:**

The Form 5500 was prepared on the cash basis for the Plan year ended December 31, 2024 and 2023 and the financial statements were prepared on the accrual basis of accounting. The balances per the Form 5500 include both the audited 403(b) Thrift Plan and the Tax Deferred Annuity Plan balances. In previous audit periods, the Association filed a separate TDA Form 5500, however since both the TDA Plan and the 403(b) Thrift Plan fall under the same IRS code 403(b), the 403(b) Thrift Plan is not considered a “new” plan and therefore both plan balances are aggregated on one form / filing. The balances noted below from the TDA Plan have not been and are not subject to an independent audit due to the number of participants. The balances were verified against the Fund Report provided by Mutual of America Life Insurance Company. The following is a reconciliation of net assets available for benefits per the financial statements and the amounts reported on the IRS Form 5500 as of December 31, 2024 and 2023.

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**403(b) THRIFT PLAN OF  
THE ARC GLOUCESTER  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 and 2023**

|  | <u>2024</u>          | <u>2023</u>      |
|--|----------------------|------------------|
| Net assets available for benefits per the financial statements                               | \$ 7,122,824         | 6,120,926        |
| Less: 403(b) Employer contribution Receivables   | (41,261)             | (42,658)         |
| Less: 403(b) Employee contribution Receivables   | -                    | -                |
| Net assets available for benefits per the tax deferred annuity plan                          | <u>1,145,833</u>     | <u>1,104,161</u> |
| Net assets available for benefits per the Sch. H of Form 5500                                | <u>\$ 8,227,396</u>  | <u>7,182,429</u> |
|  |                      |                  |
|  | <u>2024</u>          | <u>2023</u>      |
| Net increase(decrease) in net assets available for benefits per the financial statements     | \$ 1,001,898         | 670,264          |
| Less: 403(b) Current year contribution receivables (employer and employee)                   | (41,261)             | (42,658)         |
| Add: 403(b) Prior year contribution receivables (employer and employee)                      | 42,658               | 50,754           |
| Net increase(decrease) in net assets available for benefit per the tax deferred annuity plan | <u>41,673</u>        | <u>(12,536)</u>  |
| Net increase(decrease) in net assets available for benefits per the Sch. H of Form 5500      | <u>\$ 1,044,967*</u> | <u>665,824</u>   |

\* Difference due to rounding

**NOTE J – RISKS AND UNCERTAINTIES:**

The Plan invests in various investment securities and funds. Investment securities and funds 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 participant's account balances and the amounts reported in the statement of net assets available for benefits, however no estimated gain or loss is measurable.

**NOTE K – INFORMATION PREPARED AND CERTIFIED BY PLAN'S TRUSTEE:**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation(depreciation) in fair value of investments, interest and dividends for the year ended December 31, 2024, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Mutual of America Life Insurance Company (the trustee of the Plan). As noted in the Auditor's report, the audit performed was an ERISA Section 103(a)(3)(C) audit.

**403(b) THRIFT PLAN OF**  
**THE ARC GLOUCESTER**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 and 2023**

**NOTE L – ROLLOVERS:**

The Plan allows for rollover contributions with the exception of governmental 457(b) plan and non-Roth after tax contributions. As of December 31, 2024 and 2023 rollovers contributions were \$32,784 and \$0 respectively.

**NOTE M – SUBSEQUENT EVENTS:**

The Company has evaluated subsequent events through October 8, 2025, the date which the financial statements were available to be issued.

**403(b) THRIFT PLAN OF THE ARC GLOUCESTER**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**

403(b) THRIFT PLAN OF THE ARC GLOUCESTER

EIN - 21-0697151  
Plan Number 002

| (a) | (b) Identity<br>of issue, borrower,<br>lessor, or similar<br>party | (c) Description of<br>Investment including<br>maturity date, rate<br>of interest, collateral,<br>par or maturity value | (d) Cost | (e) Current Value     |
|-----|--|--|----------|-----------------------|
| *   | Mutual of America<br>Life Insurance Company                        | General Interest Accumulation Account  | (1)      | \$ 1,800,891          |
| *   | Mutual of America  | Mutual of America 2030 Retirement Fund   | (1)      | 937,162               |
| *   | Mutual of America  | Mutual of America 2025 Retirement Fund   | (1)      | 925,549               |
| *   | Mutual of America  | Fidelity Investments VIP Contrafund Portfolio  | (1)      | 96,820                |
| *   | Mutual of America  | Mutual of America 2045 Retirement Fund   | (1)      | 611,505               |
| *   | Mutual of America  | Mutual of America All America Fund   | (1)      | 115,802               |
| *   | Mutual of America  | Mutual of America Equity Index Fund  | (1)      | 136,942               |
| *   | Mutual of America  | Mutual of America 2020 Retirement Fund   | (1)      | 281,412               |
| *   | Mutual of America  | Mutual of America Mid-Cap Equity Index   | (1)      | 5,668                 |
| *   | Mutual of America  | Mutual of America Small Cap Value Fund   | (1)      | 921                   |
| *   | Mutual of America  | Mutual of America Aggressive Allocation  | (1)      | 24,771                |
| *   | Mutual of America  | Mutual of America Balanced Fund  | (1)      | 39,067                |
| *   | Mutual of America  | Fidelity Investments VIP Equity-Income Portfolio   | (1)      | 3,784                 |
| *   | Mutual of America  | Mutual of America Small Cap Growth Fund  | (1)      | 16,215                |
| *   | Mutual of America  | Mutual of America MFS VIT III Mid-Cap Value  | (1)      | 489                   |
| *   | Mutual of America  | Mutual of America 2040 Retirement Fund   | (1)      | 339,248               |
| *   | Mutual of America  | Fidelity Investments VIP Asset Manager   | (1)      | 24,997                |
| *   | Mutual of America  | Mutual of America 2035 Retirement Fund   | (1)      | 337,307               |
| *   | Mutual of America  | Calvert VP SRI Balanced Portfolio  | (1)      | 31,408                |
| *   | Mutual of America  | Mutual of America Bond Fund  | (1)      | 26,834                |
| *   | Mutual of America  | Mutual of America 2050 Retirement Fund   | (1)      | 50,793                |
| *   | Mutual of America  | Mutual of America 2055 Retirement Fund   | (1)      | 416,783               |
| *   | Mutual of America  | Deutsche VSI Capital Growth VIP  | (1)      | 1,239                 |
| *   | Mutual of America  | Vanguard VIF Diversified Value Portfolio   | (1)      | 66,413                |
| *   | Mutual of America  | American Century VP Capital Appreciation   | (1)      | 26,069                |
| *   | Mutual of America  | Mutual of America Conservative Allocation  | (1)      | 18,392                |
| *   | Mutual of America  | Fidelity Investments VIP Mid Cap Portfolio   | (1)      | 22,219                |
| *   | Mutual of America  | Vanguard VIF International Portfolio   | (1)      | 6,060                 |
| *   | Mutual of America  | Mutual of America Moderate Allocation  | (1)      | 52,741                |
| *   | Mutual of America  | Mutual of America Money Market Fund  | (1)      | 13,569                |
| *   | Mutual of America  | Mutual of America Retirement Income Fund   | (1)      | 36,912                |
| *   | Mutual of America  | Mutual of America Intermediate Bond Fund   | (1)      | 10,933                |
| *   | Mutual of America  | T. Rowe Price Blue Chip Growth Portfolio   | (1)      | 73,586                |
| *   | Mutual of America  | Mutual of America International Fund   | (1)      | 2,786                 |
| *   | Mutual of America  | Vanguard VIF REIT Index Portfolio  | (1)      | 7,633                 |
| *   | Mutual of America  | Vanguard VIF Total Bond Market Index Prt.  | (1)      | 3,775                 |
| *   | Mutual of America  | Goldman Sachs VIT US Equity Insights   | (1)      | 993                   |
| *   | Mutual of America  | Mutual of America 2065 Retirement Fund   | (1)      | 41,223                |
| *   | Mutual of America  | Mutual of America 2060 Retirement Funds  | (1)      | 133,607               |
| *   | Participant Loans  | Prevailing Interest Rate of 3.25% - 5.85%  | 0        | <u>339,045</u>        |
|     | Total assets held at year end                                      |  |          | <u>\$ 7,081,563 #</u> |

An asterick (\*) in column (a) indicates a party in interest.  
(1) Cost is not required for participant-directed investment.

# This only includes the 403(b) Thrift Plan of the ARC Gloucester. It does not include the TDA Plan per Note I.

**403(b) THRIFT PLAN OF THE ARC GLOUCESTER**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**

403(b) THRIFT PLAN OF THE ARC GLOUCESTER

EIN - 21-0697151  
Plan Number 002

| (a)                           | (b) Identity<br>of issue, borrower,<br>lessor, or similar<br>party | (c) Description of<br>Investment including<br>maturity date, rate<br>of interest, collateral,<br>par or maturity value | (d) Cost | (e) Current Value     |
|-------------------------------|--|--|----------|-----------------------|
| *                             | Mutual of America<br>Life Insurance Company                        | General Interest Accumulation Account  | (1)      | \$ 1,800,891          |
| *                             | Mutual of America  | Mutual of America 2030 Retirement Fund   | (1)      | 937,162               |
| *                             | Mutual of America  | Mutual of America 2025 Retirement Fund   | (1)      | 925,549               |
| *                             | Mutual of America  | Fidelity Investments VIP Contrafund Portfolio  | (1)      | 96,820                |
| *                             | Mutual of America  | Mutual of America 2045 Retirement Fund   | (1)      | 611,505               |
| *                             | Mutual of America  | Mutual of America All America Fund   | (1)      | 115,802               |
| *                             | Mutual of America  | Mutual of America Equity Index Fund  | (1)      | 136,942               |
| *                             | Mutual of America  | Mutual of America 2020 Retirement Fund   | (1)      | 281,412               |
| *                             | Mutual of America  | Mutual of America Mid-Cap Equity Index   | (1)      | 5,668                 |
| *                             | Mutual of America  | Mutual of America Small Cap Value Fund   | (1)      | 921                   |
| *                             | Mutual of America  | Mutual of America Aggressive Allocation  | (1)      | 24,771                |
| *                             | Mutual of America  | Mutual of America Balanced Fund  | (1)      | 39,067                |
| *                             | Mutual of America  | Fidelity Investments VIP Equity-Income Portfolio   | (1)      | 3,784                 |
| *                             | Mutual of America  | Mutual of America Small Cap Growth Fund  | (1)      | 16,215                |
| *                             | Mutual of America  | Mutual of America MFS VIT III Mid-Cap Value  | (1)      | 489                   |
| *                             | Mutual of America  | Mutual of America 2040 Retirement Fund   | (1)      | 339,248               |
| *                             | Mutual of America  | Fidelity Investments VIP Asset Manager   | (1)      | 24,997                |
| *                             | Mutual of America  | Mutual of America 2035 Retirement Fund   | (1)      | 337,307               |
| *                             | Mutual of America  | Calvert VP SRI Balanced Portfolio  | (1)      | 31,408                |
| *                             | Mutual of America  | Mutual of America Bond Fund  | (1)      | 26,834                |
| *                             | Mutual of America  | Mutual of America 2050 Retirement Fund   | (1)      | 50,793                |
| *                             | Mutual of America  | Mutual of America 2055 Retirement Fund   | (1)      | 416,783               |
| *                             | Mutual of America  | Deutsche VSI Capital Growth VIP  | (1)      | 1,239                 |
| *                             | Mutual of America  | Vanguard VIF Diversified Value Portfolio   | (1)      | 66,413                |
| *                             | Mutual of America  | American Century VP Capital Appreciation   | (1)      | 26,069                |
| *                             | Mutual of America  | Mutual of America Conservative Allocation  | (1)      | 18,392                |
| *                             | Mutual of America  | Fidelity Investments VIP Mid Cap Portfolio   | (1)      | 22,219                |
| *                             | Mutual of America  | Vanguard VIF International Portfolio   | (1)      | 6,060                 |
| *                             | Mutual of America  | Mutual of America Moderate Allocation  | (1)      | 52,741                |
| *                             | Mutual of America  | Mutual of America Money Market Fund  | (1)      | 13,569                |
| *                             | Mutual of America  | Mutual of America Retirement Income Fund   | (1)      | 36,912                |
| *                             | Mutual of America  | Mutual of America Intermediate Bond Fund   | (1)      | 10,933                |
| *                             | Mutual of America  | T. Rowe Price Blue Chip Growth Portfolio   | (1)      | 73,586                |
| *                             | Mutual of America  | Mutual of America International Fund   | (1)      | 2,786                 |
| *                             | Mutual of America  | Vanguard VIF REIT Index Portfolio  | (1)      | 7,633                 |
| *                             | Mutual of America  | Vanguard VIF Total Bond Market Index Prt.  | (1)      | 3,775                 |
| *                             | Mutual of America  | Goldman Sachs VIT US Equity Insights   | (1)      | 993                   |
| *                             | Mutual of America  | Mutual of America 2065 Retirement Fund   | (1)      | 41,223                |
| *                             | Mutual of America  | Mutual of America 2060 Retirement Funds  | (1)      | 133,607               |
| *                             | Participant Loans  | Prevailing Interest Rate of 3.25% - 5.85%  | 0        | <u>339,045</u>        |
| Total assets held at year end |  |  |          | <u>\$ 7,081,563 #</u> |

An asterick (\*) in column (a) indicates a party in interest.  
(1) Cost is not required for participant-directed investment.

# This only includes the 403(b) Thrift Plan of the ARC Gloucester. It does not include the TDA Plan per Note I.