

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SARAH SENECA RESIDENTIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SARAH SENECA RESIDENTIAL SERVICES, INC.</u></p> <p><u>15 NE INDUSTRIAL RD</u> <u>BRANFORD, CT 06405-2844</u></p>	<p>1c Effective date of plan <u>07/01/1999</u></p> <p>2b Employer Identification Number (EIN) <u>06-1297906</u></p> <p>2c Plan Sponsor's telephone number <u>203-315-3770</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

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

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

SIGN HERE	<p><u>Filed with authorized/valid electronic signature.</u></p> <p style="font-size: x-small;">Signature of plan administrator</p>	<p><u>10/13/2025</u></p> <p style="font-size: x-small;">Date</p>	<p><u>LORI CAST</u></p> <p style="font-size: x-small;">Enter name of individual signing as plan administrator</p>
SIGN HERE	<p><u> </u></p> <p style="font-size: x-small;">Signature of employer/plan sponsor</p>	<p><u> </u></p> <p style="font-size: x-small;">Date</p>	<p><u> </u></p> <p style="font-size: x-small;">Enter name of individual signing as employer or plan sponsor</p>
SIGN HERE	<p><u> </u></p> <p style="font-size: x-small;">Signature of DFE</p>	<p><u> </u></p> <p style="font-size: x-small;">Date</p>	<p><u> </u></p> <p style="font-size: x-small;">Enter name of individual signing as DFE</p>

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	186
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	164
	6a(2)	182
	6b	6
	6c	15
	6d	203
	6e	
	6f	203
	6g(1)	108
6g(2)	116	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

- (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)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	387902
5	Current value of plan's interest under this contract in separate accounts at year end.....	3528828
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 341996
c	(1) Contributions deposited during the year	7c(1) 103568
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 15835
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ LOANS	7c(5) 2228
	(6) Total additions	7c(6) 121631
d	Total of balance and additions (add lines 7b and 7c(6))	7d 463627
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 31709
	(2) Administration charge made by carrier.....	7e(2) 254
	(3) Transferred to separate account	7e(3) 43762
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 75725	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 387902

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan SARAH SENECA RESIDENTIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SARAH SENECA RESIDENTIAL SERVICES, INC.	D Employer Identification Number (EIN) 06-1297906	

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

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

PIMCO	840 NEWPORT CENTER DRIVE SUITE 100 NEWPORT BEACH, CA 92660
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

MFS

111 HUNTINGTON AVE
BOSTON, MA 02199

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

AMERICAN CENTURY INVESTMENTS

4500 MAIN ST
PO BOX 419200
KANSAS CITY, MO 64141

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

T. ROWE PRICE

100 EAST PRATT ST
BALTIMORE, MD 21202

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

INVESCO

11 GREENWAY PLAZA
STE 2500
HOUSTON, TX 77046

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

MUTUAL OF AMERICA INVESTMENTS CORP

320 PARK AVE
NEW YORK, NY 10022

(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

FIDELITY INVESTMENTS

82 DEVONSHIRE STREET
BOSTON, MA 02109

(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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	INSURANCE CARRIER	1197	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>SARAH SENECA RESIDENTIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SARAH SENECA RESIDENTIAL SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>06-1297906</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SEPARATE ACCOUNT NUMBER SA1</u>	
b Name of sponsor of entity listed in (a):	<u>MUTUAL OF AMERICA</u>	
c EIN-PN <u>13-1614399-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3528828</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

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a Plan name

b Name of plan sponsor

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a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SARAH SENECA RESIDENTIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SARAH SENECA RESIDENTIAL SERVICES, INC.	D Employer Identification Number (EIN) 06-1297906

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	319353	400000
(2) Participant contributions	1b(2)	7787	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	92967	126366
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2756773	3528828
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	341996	387902
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3518876	4443096
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	97	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	97	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3518779	4443096

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	460983	
(B) Participants.....	2a(1)(B)	228272	
(C) Others (including rollovers).....	2a(1)(C)	1477	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		690732
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	7718	
(F) Other.....	2b(1)(F)	15811	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		23529
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		385126
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1099387

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	173873	
(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)		173873
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1197	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1197
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		175070

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		924317
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **VISCONTI AND ASSOCIATES, P.C.**

(2) EIN: **06-1354191**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

A Name of plan <u>SARAH SENECA RESIDENTIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SARAH SENECA RESIDENTIAL SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>06-1297906</u>	

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

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

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

1	
----------	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-3590259

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

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

3	
----------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704237A.

SARAH Seneca
Residential Services, Inc.
401(k) Profit Sharing Plan
Financial Statements
for the Years Ended
December 31, 2024 and 2023
and Independent Auditor's Report
(WITH SUPPLEMENTAL SCHEDULES)

**SARAH SENECA RESIDENTIAL SERVICES, INC.
401(k) PROFIT SHARING PLAN**

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



John J. Visconti, MS, CPA

Independent Auditor's Report

SARAH Seneca Residential Services, Inc.
401(k) Profit Sharing Plan
Branford, CT 06405

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

We have performed audits of the accompanying financial statements of the SARAH Seneca Residential Services, Inc. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement 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 SARAH Seneca Residential Services, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of SARAH Seneca Residential Services, Inc. 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about SARAH Seneca Residential Services, Inc. 401(k) Plan's ability continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of SARAH Seneca Residential Services, Inc. 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about SARAH Seneca Residential Services, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held for investment purposes as of December 31, 2024 is presented for the purpose of additional analysis and is not a required part of the

financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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 has determined meets the requirements of ERISA Section 103(a)(3)(C).

Visconti & Associates, P.C.

July 11, 2025
East Haven, CT

SARAH SENECA RESIDENTIAL SERVICES, INC. 401(k) PROFIT SHARING PLAN

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

ASSETS	NOTES	2024	2023
PARTICIPANT DIRECTED INVESTMENTS AT FAIR VALUE:			
	1,2,3,4		
Pooled Separate Account		<u>3,528,828</u>	<u>\$ 2,756,773</u>
Total investments, at fair value		<u>3,528,828</u>	<u>2,756,773</u>
PARTICIPANT DIRECTED INVESTMENTS AT CONTRACT VALUE:			
	5		
Mutual of America Interest Accumulation Account (General)		<u>387,902</u>	<u>341,996</u>
Total investments, at contract value		<u>387,902</u>	<u>341,996</u>
Total investments		<u>3,916,730</u>	<u>3,098,769</u>
CONTRIBUTIONS RECEIVABLE			
Employee contributions			7,787
Employer contributions			2,200
Corrective Employer Contributions			2,153
Employer discretionary contributions	1	<u>400,000</u>	<u>315,000</u>
Total contributions receivable		<u>400,000</u>	<u>327,140</u>
PARTICIPANT LOANS RECEIVABLE		<u>126,366</u>	<u>92,967</u>
TOTAL ASSETS		<u>4,443,096</u>	<u>3,518,876</u>
LIABILITY			
Due to plan participants	9	<u> </u>	<u>97</u>
NET ASSETS AVAILABLE FOR BENEFITS		<u>\$ 4,443,096</u>	<u>\$ 3,518,779</u>

See Notes to Financial Statements and Independent Auditor's Report.

SARAH SENECA RESIDENTIAL SERVICES, INC. 401(k) PROFIT SHARING PLAN

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

	<u>NOTES</u>	<u>2024</u>	<u>2023</u>
ADDITIONS:	1,2,3		
Interest income		\$ 15,811	\$ 5,297
Participant loan interest income		7,718	4,647
Net appreciation of investments	3	385,126	360,854
Employee contributions		228,272	196,974
Corrective Contributions			2,153
Rollover contributions		1,477	49,150
Employer contributions		<u>460,983</u>	<u>371,814</u>
TOTAL ADDITIONS		<u>1,099,387</u>	<u>990,889</u>
DEDUCTIONS:			
Participant withdrawals	1,5	173,873	148,950
Administrative fees	7	<u>1,197</u>	<u>623</u>
TOTAL DEDUCTIONS		<u>175,070</u>	<u>149,573</u>
NET INCREASE		924,317	841,316
NET ASSETS AVAILABLE FOR BENEFITS:			
Beginning of year		<u>3,518,779</u>	<u>2,677,463</u>
End of year		<u>\$ 4,443,096</u>	<u>\$ 3,518,779</u>

See Notes to Financial Statements and Independent Auditor's Report.

SARAH SENECA RESIDENTIAL SERVICES, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the SARAH Seneca Residential Services, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions. Contributions to provide benefits under the Plan are made by SARAH Seneca Residential Services, Inc. (the "Plan Sponsor") and plan participants.

General – The Plan is a defined contribution plan which covers all employees who have one year of service and are age 18 or older, except for certain employees commonly called leased employees. The Plan was established on July 1, 1999 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective February 24, 2016, the Plan was restated to comply with the Pension Protection Act of 2006 and other federal tax qualification requirements. Effective January 1, 2022, the plan was updated to comply with the legislative and regulatory changes applicable to Non-Standard Pre-Approved Profit Sharing, Money Purchase, and Cash or Deferred Arrangement (CODA) plans.

Additionally, effective April 1, 2020, the Plan adopted various provisions of the Coronavirus Aid, Relief and Economic Security ("CARES") Act that was signed into law on March 27, 2020 such as: participants may take a COVID-19 related distribution of up to \$100,000 beginning on or after January 1, 2020 through December 31, 2020 without penalty; the maximum loan available under the Plan is raised to \$100,000 for loans issued between March 27 and September 22, 2020 and qualified Plan participants with outstanding participant loans may temporarily defer repayments for the period between March 27 and December 31, 2020.

Secure ACT 2.0 was signed into law on December 29, 2022. All provisions of the act were not effective for 2024 and were not early adopted by the Plan. For individuals reaching age 73 in 2024, the first required minimum distribution is due by April 1, 2025. Other provisions not yet required are increases in catch up contributions, emergency savings accounts and after tax treatment for catch-up contributions for participants exceeding an earnings threshold.

Contributions – Each year, participants may contribute as much as 100% of their pretax annual compensation, up to the maximum allowable by law.

Effective January 2023, the plan sponsor makes biweekly matching contributions, as defined in the Plan, equal to 100% of the salary reduction amount contributed by each participant, including “catch-up” contributions, that does not exceed 2% of that participant's compensation received during the year.

Additionally, as of October 1, 2022, the Plan was amended to allow the Plan sponsor to make employer discretionary contributions for participants employed on the last day of the plan year that met plan eligibility requirements for employer contributions. An employee must be 18 years of age, must have provided a year of service and worked 1,000 hours within the year.

The Plan sponsor authorized a discretionary contribution of \$400,000 and \$315,000 to be paid to plan participants for the plan year 2024 and 2023 respectively.

Participants' Accounts – All contributions to the Plan and participant deferrals are credited to participants' accounts on the date received by Mutual of America, the trustee of the Plan. Each participant's account is also allocated with its share of plan earnings (losses) and administrative expenses.

Vesting – The entire value of a participant's individual account is 100% vested at all times.

Participant Loans – Participants may borrow from their individual accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, except for loans taken under the temporary COVID-19 provisions previously noted.

Additionally, as of January 1 2024, a participant can only have 3 loans currently outstanding from the plan. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.50%, which is commensurate with local prevailing rates as determined by the trustee. Principal and interest are paid ratably through biweekly payroll deductions. The amount of loans outstanding at December 31, 2024 and 2023 was \$126,366 and \$92,967 respectively.

At December 31, 2024 and 2023, no allowance for credit losses are required. If a participant defaults on loan repayments, the loan balance is reduced and the amount in default is deemed to be a withdrawal.

Investment Options – Upon enrollment in the Plan, a participant may direct employer and employee contributions to the following investment options:

- Mutual of America Interest Accumulation Account (General Account) – Amounts placed in the General Account are credited with interest at a rate determined by the trustee. The effective annual yield was 2.85% and 1.60% for the years ended December 31, 2024 and 2023, respectively.
- Pooled Separate Account – The Plan offers several participant-directed investment funds with underlying mutual funds or portfolios containing Target Retirement, Asset Allocation, Equity, Fixed Income, Real Estate and Balanced investment options with various levels of risk tolerance. Participants may adjust their portfolios daily.

Withdrawals – If employment is terminated, participants with a vested account balance greater than \$1,000 have the following choices: (a) withdraw all or part of vested accounts in a single sum provided participant has met the requirements for withdrawals; (b) leave all or part of the vested accounts with the Plan and defer receipt of benefits.

If the vested account balance is \$1,000 or less, participants will receive a single lump-sum payment at termination of employment.

A participant may make withdrawals from salary reduction contributions or vested employer contributions at age 59½ or later. The participant must specify on all withdrawals the interest and investment alternatives from which the withdrawal is to be made.

Salary reduction contributions and vested employer contribution withdrawals may be made due to a financial hardship. A hardship is generally defined as an immediate and heavy financial need.

If a participant dies before beginning to receive annuity payments, the beneficiary is entitled to the total value of the account.

Forfeited Accounts – There are no forfeitures, as all accounts are 100% vested at all times.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

- The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting.
- Plan management has determined that all receivables are collectible and, therefore, no allowance for doubtful accounts is necessary.
- Investments in the pooled separate account are stated at fair value, using the observable net asset values per share (or its equivalent) of the various underlying mutual funds, other than publicly quoted prices in active markets, as determined by the trustee.
- Investments in the general account are stated at contract value, as determined by the trustee, which approximates fair value. See Note 5.
- Investment income is recorded as earned. Certain participant investment fees are netted against investment income.
- Loans to participants are reported at their unpaid principle balances.
- Investment transactions are accounted for on the trade date.
- Benefits are recorded when paid.
- No participants have withdrawn from the Plan that have not been paid.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties – The Plan provides for various investment options in pooled separate accounts and general accounts of insurance companies (cash equivalents). Investment securities are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets

available for plan benefits and the statement of changes in net assets available for plan benefits.

Recent stoppages and pauses in federal funding may have an impact on potential future employer discretionary contributions. Federal funding grants may be rescinded, may be reduced or just may be delayed. Entities may be uncertain about the outcome of these federal actions. Judgement will need to be exercised, based on the best available information, in determining the impact on future discretionary employer contributions, if any.

Investment Valuation and Income Recognition – Investments are stated at fair value and 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 adopted the professional standards relating to *Fair Value Measurements (ASC 820)* issued by the Financial Accounting Standards Board (FASB). The standards define fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined under the standards as assumptions market participants would use in pricing an asset or liability. 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. No Level 1, Level 2 or Level 3 inputs were applicable to the Plan.

The funds included in the pooled separate account are stated at fair value based on the observable net asset values per share (or its equivalent) of the various underlying mutual funds at the close of business, less administrative and other charges, as determined by the trustee. Each investment fund of the pooled separate account is maintained in accumulation units. All plan investments are participant directed.

Investments in the "General Account" are stated at contract value, which approximates fair value, and are credited with interest at a rate determined by the trustee based on total account balance at the time the rate is assessed. The minimum guaranteed interest rate is 1% for all contracts that do not have a contractual minimum guarantee. The Plan's total contract account balance is reviewed on a daily basis and used to determine the applicable interest rate credited to amounts held in the account. Interest is compounded daily

to produce an effective annual yield that is equal to the stated interest rate. The effective annual yield was 2.85% and 1.60% for the years ended December 31, 2024 and 2023, respectively.

The trustee has evaluated the characteristics of the General Account and determined that investments within the General Account are completely liquid and are not subject to any form of interest rate adjustment. Investments in the General Account are not subject to any front or back-end charges and requests for withdrawal can be made at any time and are processed on the same day they are received. The crediting interest rate is a current rate and is not dependent upon the length of time the assets are invested with Mutual of America. Additionally, the contract value as determined and certified by the trustee is the redeemable value of the fund; there are no deferred sales charges, load assessments or interest rate adjustments that would affect the value as a result of a withdrawal request.

Reclassifications – Certain 2023 amounts have been reclassified to conform to the 2024 presentation.

3. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information included in the Plan's financial statements and supplemental schedule that was prepared by Mutual of America, the trustee of the Plan, and furnished to the plan administrator for the years ended December 31, 2024 and 2023. The plan administrator has obtained certifications from the trustee that such information, including the information contained in the supplemental schedule, is complete and accurate.

PARTICIPANT DIRECTED	<u>2024</u>	<u>2023</u>
Investments, at fair value, as determined by the trustee:		
Mutual of America – Pooled Separate Account	<u>\$ 3,528,828</u>	<u>\$ 2,756,773</u>
Total investments at fair value	<u>3,528,828</u>	<u>2,756,773</u>
Investments, at contract value, as determined by the trustee:		
Mutual of America Interest Accumulation Account	<u>387,902</u>	<u>341,996</u>

Total investments at contract value	<u>387,902</u>	<u>341,996</u>
Total investments	<u>\$ 3,916,730</u>	<u>\$ 3,098,769</u>
Interest income	<u>\$ 15,811</u>	<u>\$ 5,297</u>

During the year ended December 31, 2024 and 2023, the plan's investments, including investments bought, sold, and held during the year, appreciated in value as follows:

Net Appreciation of Investments	<u>\$385,126</u>	<u>\$ 360,854</u>
Investments – Pooled Separate Account		

4. FAIR VALUE MEASUREMENTS

Certain plan investments are reported at fair value in the accompanying statement of net assets available for benefits. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between a market participant at the management date.

	<u>Fair Value</u>
<u>December 31, 2024</u>	
Pooled Separate Account (*)	<u>\$ 3,528,828</u>
Total	<u>\$ 3,528,828</u>

	<u>Fair Value</u>
<u>December 31, 2023</u>	
Pooled Separate Account (*)	<u>\$ 2,756,773</u>
Total	<u>\$ 2,756,773</u>

The professional standards relating to *Fair Value Measurements* establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This 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, and Level 3 inputs 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. No Level 1, Level 2 or Level 3 inputs were applicable to the Plan.

The funds included in the pooled separate account are valued based on the observable net asset values of the various underlying mutual funds at the close of business, less administrative and other charges, as determined by the trustee. All plan investments are participant directed.

(*) – Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient are not required to be presented in a fair value hierarchy table. Since the Plan has no investments subject to ASC 820 leveling, a hierarchy table is not presented.

In accordance with the guidance regarding fair value measurements and disclosures for investments in certain entities that calculate net asset value (“NAV”) per share (or its equivalent), the category, fair value, and redemption notice period for those asset categories whose fair value is estimated using NAV per share as of December 31, 2024 and 2023, respectively, are disclosed. There were no unfunded commitments for these investments. The redemption notice period and redemption frequency are daily.

Fair Value of Investments in Entities that use Net Asset Value:

Investment Category	Fair Value 12/31/2024	Fair Value 12/31/2023	(**) Round Trip Transfer Restrictions
Pooled Separate Account	<u>\$3,528,828</u>	<u>\$2,756,773</u>	none
TOTAL	<u>\$3,528,828</u>	<u>\$2,756,773</u>	

**Transfer restrictions on round trip transactions is any round-trip transaction transfer out of the respective fund followed by a transfer back into the same fund.

Issuances and redemptions of participant units are made on each business day.

5. INVESTMENTS AT CONTRACT VALUE

The Mutual of America Interest Accumulation Fund totaling \$387,902 and \$341,996 for 2024 and 2023, respectively, is fully benefit responsive. The average annual yield was 2.85% and 1.60% for the years ended December 31, 2024 and 2023, respectively. The Plan's total contract account balance is reviewed on a daily basis and used to determine the applicable interest rate credited to amounts held in the account. Interest is compounded daily to produce an effective annual yield that is equal to the stated interest rate.

Fully benefit responsive investment contracts held by a defined contribution plan are required to be reported at contract value, which is the amount that participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported by the trustee, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Contract value approximates fair value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. The plan administrator believes the occurrence of such events, that would also limit the Plan's ability to transact at contract value with the plan participants, is not probable.

6. INCOME TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the trust's net investment income is exempt from income taxes. The Plan obtained its latest determination letter on November 30, 2020 in which the Internal Revenue Service stated that the Plan, as currently designed, was in compliance with the applicable requirements of the Internal Revenue Code ("Code").

The plan sponsor believes that, based on the operations of the Plan, the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

The Plan adopted ASC Topic 740, *Income Taxes*. ASC Topic 740 provides detailed guidance for the financial statement recognition, measurement and disclosure of uncertain tax positions recognized in an entity's financial statements. Income tax positions must meet a more-likely-than-not recognition threshold at the effective date to be recognized upon adoption of ASC Topic 740 and in subsequent periods. Management is not aware of any uncertain tax positions taken by the Plan. Tax years ended December 31, 2021 through December 31, 2024 remain subject to examination by major tax jurisdictions.

7. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

There were transactions involving the investment of plan assets in funds maintained by Mutual of America and certain of its affiliated entities, which are parties-in-interest as defined in Section 406 of ERISA.

With respect to mutual funds held in the separate account, Mutual of America provides administrative, recordkeeping and investment advisory services to the Plan and its subsidiaries and applicable fees are assessed at 0.60% for the Plan and are paid indirectly as a deduction from the value of the net assets on each valuation day. The subsidiaries of Mutual of America have entered into service agreements with Mutual of America and all indirect fees paid to the subsidiaries are included in the fees described above.

The Plan entered into a "revenue sharing" agreement with Mutual of America. The trustee receives certain payments relating to investments held in the Fidelity VIP Funds, MFS VIT III Mid Cap Value Portfolio, PIMCO Variable Insurance Trust Real Return Portfolio, Victory RS Small Cap Growth Equity VIP Series, and T. Rowe Price Blue Chip Growth Portfolio funds. These payments are passed through to the plan participants and reduce the indirect fees charged by the trustee for amounts allocated to those funds. Funds held in the General Account (Interest Accumulation Account) receive a fixed rate of return guaranteed by the trustee and is not reduced by plan expenses.

There were no nonexempt transactions.

8. ADMINISTRATIVE COSTS

Expenses incurred in connection with the Plan are paid directly by the plan sponsor and are not deducted from plan assets. For the years ending December 31, 2024 and 2023, the fees paid by the plan sponsor were waived as certain requirements were met by the Plan.

Additionally, participants are assessed certain administrative fees which are deducted directly from their accounts monthly unless certain requirements are met and the fee is waived. Loan processing and maintenance fees are charged in a single sum based on the term of the loan at the time the loan is made from the amount of the loan disbursement.

9. PLAN LIABILITIES

During 2022, excess loan payments of \$598 were remitted to the Plan and incorrectly applied to participant loan balances. Mutual of America returned \$501 of the excess funds to the sponsor during 2023 to be refunded back to the participants and \$97 of the excess funds to the participants during 2024.

10. PLAN TERMINATION

Although it has not expressed any intent to do so, the plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

In the event of plan termination, plan participants will continue to remain 100% vested in both employee and employer contributions.

SARAH SENECA RESIDENTIAL SERVICES, INC. 401(k) PROFIT SHARING PLAN

FORM 5500 SCHEDULE H PART IV LINE 4 i EIN# 06-1297906 Plan# 002

Schedule of Assets Held for Investment Purposes
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower or Similar Party	Description of Investment	Units or Face Amount	Cost	Current Value
* Mutual of America	Interest Accumulation Account			\$ 387,902
Pooled Separate Account:				
* Mutual of America	Mutual of America Money Market Fund			26,335
* Mutual of America	Mutual of America All America Fund			45,233
* Mutual of America	Mutual of America Bond Fund			9,763
* Mutual of America	Mutual of America Equity Index Fund			335,676
* Mutual of America	Mutual of America Mid Cap Equity Index Fund			59,206
* Mutual of America	Mutual of America Moderate Allocation Fund			369,058
* Mutual of America	Mutual of America Aggressive Allocation Fund			63,889
* Mutual of America	Mutual of America Small Cap Growth Fund			53,073
* Mutual of America	Mutual of America Small Cap Value Fund			35,877
* Mutual of America	Mutual of America 2015 Retirement Fund			7,867
* Mutual of America	Mutual of America 2020 Retirement Fund			114,496
* Mutual of America	Mutual of America 2025 Retirement Fund			110,819
* Mutual of America	Mutual of America 2030 Retirement Fund			339,178
* Mutual of America	Mutual of America 2035 Retirement Fund			594,884
* Mutual of America	Mutual of America 2040 Retirement Fund			290,641
* Mutual of America	Mutual of America 2045 Retirement Fund			168,754
* Mutual of America	Mutual of America 2050 Retirement Fund			166,259
* Mutual of America	Mutual of America 2055 Retirement Fund			136,636
* Mutual of America	Mutual of America 2060 Retirement Fund			29,231
* Mutual of America	Mutual of America 2065 Retirement Fund			3,481
* Mutual of America	Mutual of America Retirement Income Fund			17,765
* Mutual of America	DWS Capital Growth VIP			37,192
* Mutual of America	American Century VP Capital Appreciation			14,657
* Mutual of America	Calvert VP SRI Balanced Portfolio			21,819
* Mutual of America	Fidelity VIP Equity-Income Portfolio			82,620
* Mutual of America	Fidelity VIP Contrafund Portfolio			303,245
* Mutual of America	Fidelity VIP Mid Cap Portfolio			1,505
* Mutual of America	T. Rowe Price Blue Chip Growth Portfolio			11,861
* Mutual of America	Vanguard VIF Diversified Value Portfolio			47,138
* Mutual of America	Vanguard VIF Real Estate Index Portfolio			2,677
* Mutual of America	Vanguard VIF International Portfolio			27,993
* Participant Loans	Stated interest at 4.25%-9.50%	n/a		<u>126,366</u>
TOTAL ASSETS				<u>\$ 4,043,096</u>

* Party-in-Interest

(d) Investment is participant directed. Historical cost information is not required.

SARAH SENECA RESIDENTIAL SERVICES, INC. 401(k) PROFIT SHARING PLAN

FORM 5500 SCHEDULE H PART IV LINE 4 i EIN# 06-1297906 Plan# 002

Schedule of Assets Held for Investment Purposes
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower or Similar Party	Description of Investment	Units or Face Amount	Cost	Current Value
* Mutual of America	Interest Accumulation Account			\$ 387,902
Pooled Separate Account:				
* Mutual of America	Mutual of America Money Market Fund			26,335
* Mutual of America	Mutual of America All America Fund			45,233
* Mutual of America	Mutual of America Bond Fund			9,763
* Mutual of America	Mutual of America Equity Index Fund			335,676
* Mutual of America	Mutual of America Mid Cap Equity Index Fund			59,206
* Mutual of America	Mutual of America Moderate Allocation Fund			369,058
* Mutual of America	Mutual of America Aggressive Allocation Fund			63,889
* Mutual of America	Mutual of America Small Cap Growth Fund			53,073
* Mutual of America	Mutual of America Small Cap Value Fund			35,877
* Mutual of America	Mutual of America 2015 Retirement Fund			7,867
* Mutual of America	Mutual of America 2020 Retirement Fund			114,496
* Mutual of America	Mutual of America 2025 Retirement Fund			110,819
* Mutual of America	Mutual of America 2030 Retirement Fund			339,178
* Mutual of America	Mutual of America 2035 Retirement Fund			594,884
* Mutual of America	Mutual of America 2040 Retirement Fund			290,641
* Mutual of America	Mutual of America 2045 Retirement Fund			168,754
* Mutual of America	Mutual of America 2050 Retirement Fund			166,259
* Mutual of America	Mutual of America 2055 Retirement Fund			136,636
* Mutual of America	Mutual of America 2060 Retirement Fund			29,231
* Mutual of America	Mutual of America 2065 Retirement Fund			3,481
* Mutual of America	Mutual of America Retirement Income Fund			17,765
* Mutual of America	DWS Capital Growth VIP			37,192
* Mutual of America	American Century VP Capital Appreciation			14,657
* Mutual of America	Calvert VP SRI Balanced Portfolio			21,819
* Mutual of America	Fidelity VIP Equity-Income Portfolio			82,620
* Mutual of America	Fidelity VIP Contrafund Portfolio			303,245
* Mutual of America	Fidelity VIP Mid Cap Portfolio			1,505
* Mutual of America	T. Rowe Price Blue Chip Growth Portfolio			11,861
* Mutual of America	Vanguard VIF Diversified Value Portfolio			47,138
* Mutual of America	Vanguard VIF Real Estate Index Portfolio			2,677
* Mutual of America	Vanguard VIF International Portfolio			27,993
* Participant Loans	Stated interest at 4.25%-9.50%	n/a		126,366
TOTAL ASSETS				\$ 4,043,096

* Party-in-Interest

(d) Investment is participant directed. Historical cost information is not required.