

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: COMMUNITY ACTION PARTNERS OF ORANGE COUNTY 403(B)
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan): COMMUNITY ACTION PARTNERS OF ORANGE COUNTY
Mailing address: 11870 MONARCH ST, GARDEN GROVE, CA 92841-2113
2b Employer Identification Number (EIN): 95-2452787
2c Plan Sponsor's telephone number: 714-897-6670
2d Business code (see instructions): 813000

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

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

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

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

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 218 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 137 |
|   | <b>6a(2)</b>                               | 151 |
|   | <b>6b</b>                                  | 7   |
|   | <b>6c</b>                                  | 45  |
|   | <b>6d</b>                                  | 203 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 203 |
|   | <b>6g(1)</b>                               | 207 |
| <b>6g(2)</b>  | 183  |     |
| <b>6h</b>   | 0  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

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

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

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

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

|  |   |
|--|---|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>  |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                            |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                          |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                     |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)               |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                             |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                     |
|----------------------------|--|---------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                     |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 1140772             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 6789319             |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                     |
| <b>a</b>                   | State the basis of premium rates ▶   |                     |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>           |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>           |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>           |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                     |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                     |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                     |
| <b>a</b>                   | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                     |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 847631    |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b> 51396  |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b> 0      |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 23355  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 329959 |
|                            | (5) Other (specify below).....<br>▶ ROLLOVER, LOANS, FORFEITURES   | <b>7c(5)</b> 0      |
|                            | (6) Total additions .....  | <b>7c(6)</b> 404710 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 1252341   |
| <b>e</b>                   | Deductions:  |                     |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 111255 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 314    |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> 0      |
|                            | (4) Other (specify below).....<br>▶  | <b>7e(4)</b> 0      |
| (5) Total deductions ..... | <b>7e(5)</b> 111569  |                     |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 1140772   |

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>COMMUNITY ACTION PARTNERS OF ORANGE COUNTY 403(B)                                  | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COMMUNITY ACTION PARTNERS OF ORANGE COUNTY | <b>D</b> Employer Identification Number (EIN)<br>95-2452787 |     |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

DWS 210 WEST 10TH STREET  
KANSAS CITY, MO 64105

**(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

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

MUTUAL OF AMERICA 320 PARK AVE  
NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS  
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA  
STE. 2500  
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET  
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD  
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

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

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

MFS

111 HUNTINGTON AVENUE  
BOSTON, MA 02199

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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

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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

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

AMERICAN FUNDS

333 SOUTH HOPE STREET  
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW  
SUITE 400  
WASHINGTON, DC 20009

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE  
NEW YORK, NY 10022

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 15 37<br>65         | RECORD<br>KEEPER  | 2523   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>COMMUNITY ACTION PARTNERS OF ORANGE COUNTY 403(B)</u>   | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>COMMUNITY ACTION PARTNERS OF ORANGE COUNTY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-2452787</u> |            |

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

|   |                               |  |
|---|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NUMBER SA2</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>        |                               |  |
| <b>c</b> EIN-PN <u>13-1614399-001</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6789319</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>           |  |
| <b>A</b> Name of plan<br><b>COMMUNITY ACTION PARTNERS OF ORANGE COUNTY 403(B)</b>                                  | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COMMUNITY ACTION PARTNERS OF ORANGE COUNTY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>95-2452787</b> |

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

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 36911                 | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 21501                 | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 108278                | 159758          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 6134815               | 6789319         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 0                     | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 739354                | 981014          |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 0                     | 0               |

| 1d Employer-related investments:                                  |       | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities.....                                      | 1d(1) |                       |                 |
| (2) Employer real property.....                                   | 1d(2) |                       |                 |
| e Buildings and other property used in plan operation.....        | 1e    |                       |                 |
| f Total assets (add all amounts in lines 1a through 1e).....      | 1f    | 7040859               | 7930091         |
| <b>Liabilities</b>  |       |                       |                 |
| g Benefit claims payable.....                                     | 1g    |                       |                 |
| h Operating payables.....   | 1h    |                       |                 |
| i Acquisition indebtedness.....                                   | 1i    |                       |                 |
| j Other liabilities.....  | 1j    |                       |                 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k    | 0                     | 0               |
| <b>Net Assets</b>   |       |                       |                 |
| l Net assets (subtract line 1k from line 1f).....                 | 1l    | 7040859               | 7930091         |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |          | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| <b>a Contributions:</b>  |          |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | 2a(1)(A) | 491096     |           |
| (B) Participants.....  | 2a(1)(B) | 220531     |           |
| (C) Others (including rollovers).....  | 2a(1)(C) | 39012      |           |
| (2) Noncash contributions.....   | 2a(2)    | 0          |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            | 750639    |
| <b>b Earnings on investments:</b>  |          |            |           |
| (1) Interest:  |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 0          |           |
| (B) U.S. Government securities.....  | 2b(1)(B) | 0          |           |
| (C) Corporate debt instruments.....  | 2b(1)(C) | 0          |           |
| (D) Loans (other than to participants).....  | 2b(1)(D) | 0          |           |
| (E) Participant loans.....   | 2b(1)(E) | 0          |           |
| (F) Other.....   | 2b(1)(F) | 23354      |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 23354     |
| (2) Dividends: (A) Preferred stock.....  | 2b(2)(A) | 0          |           |
| (B) Common stock.....  | 2b(2)(B) | 0          |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) | 0          |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            | 0         |
| (3) Rents.....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....                           | 2b(4)(A) | 0          |           |
| (B) Aggregate carrying amount (see instructions).....  | 2b(4)(B) | 0          |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....                          | 2b(4)(C) |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....                   | 2b(5)(A) |            |           |
| (B) Other.....   | 2b(5)(B) | 0          |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            |           |

|   | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)      | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      | 875716    |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)      | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)      | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10)     | 0         |
| <b>c</b> Other income .....   | 2c         | 176       |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d         | 1649885   |

**Expenses**

|   |        |        |
|---|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 758490 |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2)  | 0      |
| (3) Other .....   | 2e(3)  | 0      |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  | 758490 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        |
| <b>h</b> Interest expense .....   | 2h     |        |
| <b>i</b> Administrative expenses:   |        |        |
| (1) Salaries and allowances .....   | 2i(1)  |        |
| (2) Contract administrator fees .....   | 2i(2)  |        |
| (3) Recordkeeping fees .....  | 2i(3)  | 0      |
| (4) IQPA audit fees .....   | 2i(4)  | 0      |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 0      |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 0      |
| (7) Actuarial fees .....  | 2i(7)  |        |
| (8) Legal fees .....  | 2i(8)  |        |
| (9) Valuation/appraisal fees .....  | 2i(9)  |        |
| (10) Other trustee fees and expenses .....  | 2i(10) |        |
| (11) Other expenses .....   | 2i(11) | 2163   |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) | 2163   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     | 760653 |

**Net Income and Reconciliation**

|   |       |        |
|---|-------|--------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    | 889232 |
| <b>l</b> Transfers of assets:                                   |       |        |
| (1) To this plan .....  | 2l(1) | 0      |
| (2) From this plan .....  | 2l(2) |        |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: WEST, DAVIS, & COMPANY, LLP

(2) EIN: 74-2638320

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount  |
|--|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |         |

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

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

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

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

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

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>COMMUNITY ACTION PARTNERS OF ORANGE COUNTY 403(B)</u>                                  | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COMMUNITY ACTION PARTNERS OF ORANGE COUNTY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-2452787</u> |            |

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

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

|   |   |   |
|---|---|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

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

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

|  |   |  |
|--|---|--|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |  |
|--|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY  
403(B) PLAN

FINANCIAL STATEMENTS

Years ended December 31, 2024 and 2023

WEST, DAVIS & COMPANY, LLP  
*Certified Public Accountants*  
Austin, Texas

**COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY  
403(B) PLAN  
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# WEST, DAVIS & COMPANY, LLP

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## Independent Auditors' Report

To the Plan Administrator of the  
Community Action Partnership of Orange County 403(b) Plan  
And the Board of Directors of Community Action Partnership of Orange County  
Garden Grove, California

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

We have performed audits of the accompanying financial statements of the Community Action Partnership of Orange County 403(b) 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 statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Community Action Partnership of Orange County 403(b) 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 a 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 7 to the financial statements, is complete and accurate.

### ***Opinion***

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

- the amounts and disclosures in the financial statements, 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 the Community Action Partnership of Orange County 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Community Action Partnership of Orange County 403(b) Plan's ability to continue as a going concern within one year after the date the financial statements are 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 of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Community Action Partnership of Orange County 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Community Action Partnership of Orange County 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

WEST DAVIS COMPANY

*Certified Public Accountants*  
Austin, Texas  
August 21, 2025

**COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN**  
**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**  
December 31, 2024 and 2023  
(See Independent Auditors' Report)

|   | <u>2024</u>         | <u>2023</u>         |
|---|---------------------|---------------------|
| Investments at fair value (participant-directed): |                     |                     |
| Variable Annuities in Pooled Separate Accounts    | \$ 6,789,319        | \$ 6,134,815        |
| Fixed Annuities in General Accounts               | <u>981,014</u>      | <u>739,354</u>      |
| Total investments                                 | <u>7,770,333</u>    | <u>6,874,169</u>    |
| Receivables:                                      |                     |                     |
| Employer contributions                            | 40,964              | 36,911              |
| Participant contributions                         | 24,640              | 21,501              |
| Participant loans                                 | <u>159,758</u>      | <u>108,278</u>      |
| Total receivables                                 | <u>225,362</u>      | <u>166,690</u>      |
| Total assets                                      | <u>7,995,695</u>    | <u>7,040,859</u>    |
| Net assets available for benefits                 | <u>\$ 7,995,695</u> | <u>\$ 7,040,859</u> |

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

**COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
For the Years Ended December 31, 2024 and 2023  
(See Independent Auditors' Report)

|   | <b>2024</b>  | <b>2023</b>  |
|---|--------------|--------------|
| Additions to net assets attributed to:                          |              |              |
| Investment income:  |              |              |
| Net appreciation/(depreciation) in<br>fair value of investments | \$ 875,892   | \$ 913,326   |
| Interest income on fixed annuities                              | 16,332       | 11,299       |
| Total investment income   | 892,224      | 924,625      |
| Interest income on participant loans                            | 7,022        | 4,759        |
| Contributions:  |              |              |
| Employer  | 532,060      | 487,551      |
| Participant   | 245,171      | 247,282      |
| Rollover  | 39,012       | 36,188       |
| Total contributions   | 816,243      | 771,021      |
| Total additions (subtractions)                                  | 1,715,489    | 1,700,405    |
| Deductions from net assets attributable to:                     |              |              |
| Benefits paid to participants                                   | 758,490      | 710,002      |
| Administrative expenses   | 2,163        | 863          |
| Total deductions  | 760,653      | 710,865      |
| Net increase (decrease)   | 954,836      | 989,540      |
| Net assets available for benefits:                              |              |              |
| Beginning of year   | 7,040,859    | 6,051,319    |
| End of year   | \$ 7,995,695 | \$ 7,040,859 |

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

# COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(See Independent Auditors' Report)

### **Note 1 - Plan Description**

The following brief description of the Community Action Partnership of Orange County 403(b) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### *General*

The Community Action Partnership of Orange County 403(b) Plan is a defined contribution plan sponsored by Community Action Partnership of Orange County (CAP OC), a California not-for profit organization, for the benefit of its employees. The Plan is a defined contribution plan under which employer contributions are based on a fixed formula that is not related to profits. The Plan covers all employees of CAP OC. The Plan administrator is the management of Community Action Partnership of Orange County. All assets of the Plan are held in group annuity contracts sponsored by Mutual of America Life Insurance Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### *Eligibility*

There is no minimum age or service requirement to enroll in the plan and make salary deferral contributions. All employees who have reached the age of 21 and have worked 1,000 hours for CAP OC in a six month period are eligible to receive employer discretionary contributions.

#### *Contributions*

Participants may contribute only by way of elective deferrals not to exceed a certain dollar limit which is set by law. Contributions are subject to certain discrimination tests prescribed by the Internal Revenue Code and other limitations specified in the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers numerous mutual funds as investment options for participants.

Employees are eligible to make salary deferral contributions at the date of their hire. CAP OC makes discretionary contributions of 6% of the employees' gross earnings each pay date after the employee has completed six months of employment. The participants' contributions are invested directly in the participants' selected investments. CAP OC's contributions are invested directly in the participants' selected investments.

#### *Participant Accounts*

Each participant's account is credited with an allocation of: (a) participant contributions, (b) the employer contribution, if any and (c) Plan earnings and gains or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

# COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(See Independent Auditors' Report)

### *Vesting*

Participants are vested immediately in their contributions plus actual earnings thereon. Once CAP OC makes a discretionary contribution to the Plan for a participant's benefit, that contribution belongs to the participant. Although not applicable in 2024 or 2023, nonelective deferrals to the Plan made by CAP OC may be subject to vesting restrictions.

### *Investment Options*

All investments of the Plan are participant-directed. The Plan currently offers more than thirty (30) investment options for participants. Participants are allowed to change their investment election at any time. If a participant does not make any investment selections, the deferrals and any employer contributions are invested in the Plan's Mutual of America Life Insurance Company - Retirement Funds appropriate to their age at time of allocation.

### *Participant Loans*

Participants may borrow from their Plan accounts a minimum of \$1,000 up to a maximum equal to 50% of their account balance. CAP OC determines whether a participant qualifies for a loan, applying such criteria as a commercial lender of funds would apply in like circumstances with respect to the participant. Participants make repayments through direct, after-tax payroll deductions. Loans bear interest commensurate with the prevailing interest rate charged on similar commercial loans under like circumstances.

### *Rollover Contributions*

The Plan permits Rollover Contributions subject to approval by the Plan Administrator.

### *Administrative Expenses*

All reasonable plan administration expenses related to the administration of the Plan or associated with the investment of Plan assets may be paid by the Plan or by CAP OC. If CAP OC does not pay Plan-related expenses, such fees or expenses will generally be allocated to the accounts of Participants either proportionally based on the value of account balances or as an equal dollar amount based on the number of participants in the Plan. Participants who direct the investment of their benefits under the Plan are responsible for any investment-related fees incurred as a result of their direction.

### *Payment of Benefits*

On termination of service due to death, disability, retirement, or other reasons (as allowed under the Plan), a participant will be eligible to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. In-service hardship withdrawals are permitted if certain criteria are met. In addition to ordinary income tax, participants who receive a distribution before age 59 1/2 may be subject to a ten percent (10%) penalty, unless the participant elects to "roll over" the distribution into another qualified plan or an Investment Retirement Account (IRA). There is no penalty for distributions due to a participant's death or disability.

# COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(See Independent Auditors' Report)

### *Administration of Plan Assets*

Participant direction procedures have been established to permit participants to direct their own investments by giving instructions to the Plan Administrator. This will relieve the Employer, the Plan Administrator and the Trustee of any legal liability for losses that are the direct result of participant investment direction. All of the Plan's assets are held under a group annuity contract with Mutual of America.

### *Plan Termination*

Although it has not expressed an intention to do so, The Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

## **Note 2 - Summary of Accounting Policies**

### *Basis of Accounting*

The financial statements of the Plan are prepared using the accrual method of accounting. Contributions are recognized as revenues in the period in which employee services are performed and plan expenses are recorded when the corresponding liabilities are incurred, regardless of when payment is made.

### *Use of Estimates*

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### *Investments and Income Recognition*

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts but no adjustment of the contracts from fair value to contract value because the contracts are not fully benefit-responsive and contract value is equal to the fair value.

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. The fixed annuities in the general accounts are reported at contract value which approximates fair value. The contract value of the fixed annuities in the general accounts equal the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. The plan administrator believes

# COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(See Independent Auditors' Report)

that contract value is the appropriate determination of fair value for the fixed annuities in the general accounts.

Purchases and sales of investment contract shares are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation in the fair value of investments consists of realized gains or losses and unrealized appreciation or depreciation on investments bought and sold as well as held during the year.

### *Payment of Benefits*

Benefits are recorded when paid.

### *Date of Management's Review*

Subsequent events were evaluated through August 21, 2025, which is the date the financial statements were available to be issued.

### **Note 3 - Fair Value of Financial Instruments**

The Plan's investments are reported at fair value in the accompanying Statement of Net Assets Available for Benefits. The carrying amounts of cash and cash equivalents, contributions receivable, and participant loans approximate fair value.

FASB ASC 820, (formerly SFAS No. 157), *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, 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.

The table below presents the balances of Plan investments at December 31, 2024 and 2023 measured at fair value on a recurring basis by level within the hierarchy:

|                          | December 31, 2024 |                  |                |                |
|--------------------------|-------------------|------------------|----------------|----------------|
|                          | <u>Total</u>      | <u>Level 1</u>   | <u>Level 2</u> | <u>Level 3</u> |
| Pooled Separate Accounts | \$6,789,319       | 6,789,319        | -              | -              |
| General Account          | 981,014           | 981,014          | -              | -              |
| Total                    | <u>7,770,333</u>  | <u>7,770,333</u> | <u>-</u>       | <u>-</u>       |

  

|                          | December 31, 2023 |                  |                |                |
|--------------------------|-------------------|------------------|----------------|----------------|
|                          | <u>Total</u>      | <u>Level 1</u>   | <u>Level 2</u> | <u>Level 3</u> |
| Pooled Separate Accounts | \$6,134,815       | 6,134,815        | -              | -              |
| General Account          | 739,354           | 739,354          | -              | -              |
| Total                    | <u>6,874,169</u>  | <u>6,874,169</u> | <u>-</u>       | <u>-</u>       |

# COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(See Independent Auditors' Report)

The following methods and assumptions were used to estimate the fair value for each class of financial instrument measured at fair value:

General account – The interest accumulation fund is comparable to a cash equivalent and is generally considered a Level 1 investment.

Pooled separate accounts – These accounts consist solely of investments in mutual funds registered with the Securities and Exchange Commission and are carried at the net asset value at which the mutual fund shares are actively traded and are generally considered a Level 1 investment.

While the plan sponsor believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

### Note 4 - Investments

The following presents investments that represent 5 percent or more of Plan's net assets as of the year ended December 31:

|  | 2024       | 2023       |
|--|------------|------------|
| Mutual of America Clear Passage 2025 Fund    | \$ 842,827 | \$ 797,468 |
| Mutual of America Clear Passage 2035 Fund    | 913,850    | 691,565    |
| Mutual of America Clear Passage 2040 Fund    | 935,166    | 805,894    |
| Mutual of America Clear Passage 2045 Fund    | 228,144    | 428,633    |
| Mutual of America Clear Passage 2050 Fund    | 774,914    | 656,571    |
| Mutual of America Clear Passage 2055 Fund    | 481,033    | 373,815    |
| Mutual of America Equity Index Fund          | 511,458    | 395,907    |
| Mutual of America Retirement Income Fund     | 418,231    | 384,941    |
| Mutual of America Interest Accumulation Fund | 981,014    | 739,354    |

In 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$875,892. In 2023, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$913,326. In 2024 and 2023, the fair value adjustment to contract value is zero because contract value approximates fair value.

### Note 5 – Participant Loans

As of December 31, 2024 and 2023, participants had \$159,758 and \$108,278 of outstanding loans, which were collateralized with participants' account balances. Participant loans are charged interest at rates commensurate with the prevailing interest rate charged on similar commercial loans. Interest received on loans is recognized as interest income on the statement of changes in net assets available for benefits. During the year ended December 31, 2024 and 2023, participants did not default on any loans. All outstanding loans are considered collectible at December 31, 2024.

# COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(See Independent Auditors' Report)

### Note 5 – Participant Loans (Continued)

Changes in loans receivable during the years ended December 31, 2024 and 2023 were comprised of the following:

|                              |                   |
|------------------------------|-------------------|
| Balance, December 31, 2022   | \$ 104,639        |
| Loan repayments made in 2023 | (71,250)          |
| New loans issued in 2023     | <u>74,889</u>     |
| Balance, December 31, 2023   | \$ 108,278        |
| Loan repayments made in 2024 | (52,739)          |
| New loans issued in 2024     | <u>104,219</u>    |
| Balance, December 31, 2024   | <u>\$ 159,758</u> |

### Note 6 - Receivables

During 2024 and 2023 CAP OC elected to contribute 6% of eligible employees' gross earnings each pay date. Due to a formal commitment existing at year end, the employer contribution receivable for the pay period ended December 31, 2024 and 2023 of \$40,964 and \$36,911, respectively is included in employer contributions on the statement of changes in net assets available for benefits. Participant contributions receivable for the pay period ended December 31, 2024 and 2023 of \$24,640 and \$21,501, respectively are included on the statement of changes in net assets available for benefits for the year then ended. The contributions were paid into the Plan in January of the subsequent year.

### Note 7 – Information Prepared and Certified by the Plan Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. Accordingly, Mutual of America Life Insurance Company (U.S.A.) has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023 and in the notes to the financial statements.
- Interest income on fixed annuities in general accounts and net appreciation/depreciation in fair value of investments, as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

# COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(See Independent Auditors' Report)

### **Note 8 – Investment Contract with Insurance Company**

The Plan has a benefit-responsive Group Annuity Contract with Mutual of America Life Insurance Company. The contract may provide payments or values which are not guaranteed as to fixed dollar amount. Also, payments may increase or decrease according to the investment experience of the underlying investments. The group annuity contract is comprised of fixed and variable annuities in subaccounts that invest in shares of underlying mutual funds.

#### *Investments in the Variable Annuity Accounts*

Contributions to the variable annuities are maintained in Separate Pooled Accounts. Each Eligible Fund is a separate mutual fund having its own investment objectives and policies and is registered with the Securities and Exchange Commission ("SEC") as an open-end management investment company or portfolio thereof. The SEC does not supervise the management or the investment practices and policies of any of the Eligible Funds.

Many of the Eligible Funds are available only to insurance companies for their variable contracts (Insurance-Dedicated Funds) and are used for mixed and shared funding. In mixed funding, shares of an Eligible Fund under the Group Annuity Contract are bought for variable life insurance policies issued by Mutual of America Life Insurance Company or other insurance companies. Shared funding occurs when shares of an Eligible Fund under the Group Contract are also bought by other insurance companies for their variable annuity contracts.

Some of the Insurance-Dedicated Eligible Funds have been established by investment advisers which manage publicly traded mutual funds having similar names and investment objectives. While some of the Eligible Funds may be similar to, and may in fact be modeled after publicly traded mutual funds, you should understand that the Eligible Funds are not otherwise directly related to any publicly traded mutual fund. Consequently, the investment performance of publicly traded mutual funds and any corresponding Eligible Funds may differ substantially. At December 31, 2024 and 2023 the fair value of the variable annuities in Separate Accounts were \$6,789,320 and \$6,134,815, respectively.

#### *Investments in the Fixed Annuity Accounts*

Contributions to the Fixed Annuity Account are in the form of benefit-responsive fixed annuities maintained in a general account. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets compared to the minimum interest crediting rate as stated in the contracts, and prevailing market conditions. The fixed annuity funds are included in the financial statements at contract value, which is equal to fair value, as reported to the Plan by Mutual of America Life Insurance Company. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value. The fixed annuity accounts provide a guarantee of the principal, backed by the entire general account assets of the respective insurance company, and a guaranteed annual interest rate.

## **COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2024 and 2023

(See Independent Auditors' Report)

#### **Note 8 – Investment Contract with Insurance Company (Continued)**

There are no reserves against contract value for credit risk of the contract issuer or otherwise. At December 31, 2024 and 2023, the fair value of the fixed annuity accounts was \$981,014 and \$739,354, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than one percent. Such interest rates are reviewed on an annual basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (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, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The average yield earned by the guaranteed investment contract for the year ended December 30, 2024 and 2023 was 0.48% and 1.53%, respectively. The yield was computed by dividing the annualized quarterly earnings of the contract on the last day of the Plan year by the fair value of the investments on the same date.

#### **Note 9 - Federal Income Tax Status**

The Internal Revenue Service has determined and informed the company by a letter dated March 31, 2017 that the Plan qualifies as a tax-exempt, defined contribution plan under the applicable provisions of the Internal Revenue Code and therefore investment income earned by the Plan is not subject to federal income taxes. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a tax liability (or asset) or disclosure in the financial statements.

#### **Note 10 – Transactions with Related Parties and Parties-in-Interest**

Certain Plan investments are fixed and variable annuities managed by Mutual of America Life Insurance Company. Mutual of America Life Insurance Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in Investment Income, as they are paid through revenue sharing rather than a direct payment.

# COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(See Independent Auditors' Report)

### Note 11 - Risks and Uncertainties

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

### Note 12 - Concentrations

The Plan is a defined contribution plan under which employer contributions are based on a fixed formula that is not related to profits. The Plan covers all employees of Community Action Partnership of Orange County (CAP OC). The Plan administrator is the management of Community Action Partnership of Orange County. CAP OC's mission is to enhance the quality of life within Orange County by eliminating and preventing the causes and effects of poverty by mobilizing and directing resources to programs that assist, educate and promote self-sufficiency. CAP OC has been operating since 1965.

CAP OC receives approximately 89% of its total support and revenue from governmental grants and contracts. Risk concentrations with respect to grants and contracts receivable are reduced due to the limited amount of credit risk exposure from government grants and contracts. CAP OC's governmental grants and contracts are subject to renewal by the funding agency, generally on an annual basis.

### Note 13 - Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of total Plan contributions received per the financial statements to Schedule H of Form 5500 for the year ended December 31:

|  | <u>2024</u>       | <u>2023</u>       |
|--|-------------------|-------------------|
| Total Plan contributions per the financial statements  | \$ 816,243        | \$ 771,021        |
| Employer contribution receivable recognized on financial statements not recognized on Form 5500    | (40,964)          | -                 |
| Participant contribution receivable recognized on financial statements not recognized on Form 5500 | <u>(24,640)</u>   | <u>-</u>          |
| Total Plan contributions per Schedule H of Form 5500   | <u>\$ 750,639</u> | <u>\$ 771,021</u> |

## **SUPPLEMENTAL SCHEDULES**

**COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN**

EIN 95-2452787 PN 001

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

Year ended December 31, 2024

(See Independent Auditors' Report)

| (a) | (b)<br>Identity<br>of Issue | (c)<br>Description<br>of Investment   | (e)<br>Current<br>Value |
|-----|-----------------------------|---------------------------------------|-------------------------|
|     | American Century            | VP Capital Appreciation Fund          | \$ 15,232               |
|     | American Funds              | New World Fund                        | 740                     |
|     | Calvert                     | VP SRI Balanced Portfolio Fund        | 326                     |
|     | DWS                         | Variable Series I Capital Growth VIP  | 16,100                  |
|     | Fidelity                    | VIP Asset Manager Portfolio           | 18,752                  |
|     | Fidelity                    | Contrafund                            | 61,180                  |
|     | Fidelity                    | VIP Mid Cap Portfolio                 | 8,047                   |
|     | Goldman Sachs               | VIT Small Cap Equity Insights Fund    | 1,361                   |
|     | Goldman Sachs               | VIT US Equity Insights Fund           | 30,078                  |
| *   | Mutual of America           | Clear Passage 2015 Fund               | 1,152                   |
| *   | Mutual of America           | Clear Passage 2020 Fund               | 147,398                 |
| *   | Mutual of America           | Clear Passage 2025 Fund               | 842,827                 |
| *   | Mutual of America           | Clear Passage 2030 Fund               | 224,431                 |
| *   | Mutual of America           | Clear Passage 2035 Fund               | 913,850                 |
| *   | Mutual of America           | Clear Passage 2040 Fund               | 935,166                 |
| *   | Mutual of America           | Clear Passage 2045 Fund               | 228,144                 |
| *   | Mutual of America           | Clear Passage 2050 Fund               | 774,914                 |
| *   | Mutual of America           | Clear Passage 2055 Fund               | 481,033                 |
| *   | Mutual of America           | Clear Passage 2060 Fund               | 295,229                 |
| *   | Mutual of America           | Clear Passage 2065 Fund               | 83,180                  |
| *   | Mutual of America           | Aggressive Allocation Fund            | 160,393                 |
| *   | Mutual of America           | All America Fund                      | 24,649                  |
| *   | Mutual of America           | Balanced Fund                         | 2,786                   |
| *   | Mutual of America           | Conservative Allocation Fund          | 335                     |
| *   | Mutual of America           | Equity Index Fund                     | 511,458                 |
| *   | Mutual of America           | Intermediate Bond Fund                | 10,323                  |
| *   | Mutual of America           | International Fund                    | 2,375                   |
| *   | Mutual of America           | Mid-Cap Equity Index Fund             | 32,649                  |
| *   | Mutual of America           | Mid-Cap Value Fund                    | 657                     |
| *   | Mutual of America           | Moderate Allocation Fund              | 164,154                 |
| *   | Mutual of America           | Retirement Income Fund                | 418,231                 |
| *   | Mutual of America           | Small Cap Equity Index Fund           | 13,025                  |
| *   | Mutual of America           | Small Cap Growth Fund                 | 2,089                   |
| *   | Mutual of America           | Small Cap Value Fund                  | 667                     |
| *   | Mutual of America           | US Government Money Market Fund       | 66,558                  |
|     | Neuberger Berman            | AMT Sustainable Equity Portfolio      | 35,725                  |
|     | PIMCO                       | VIT Real Return Portfolio             | 25,894                  |
|     | T. Rowe Price               | Blue Chip Growth Portfolio            | 142,576                 |
|     | Vanguard                    | VIF Diversified Value Portfolio       | 24,993                  |
|     | Vanguard                    | VIF International Portfolio           | 17,731                  |
|     | Vanguard                    | VIF Real Estate Index                 | 12,477                  |
|     | Vanguard                    | VIF Total Bond Market Index           | 16,315                  |
|     | Victory                     | RS Small Cap Growth Equity VIP Series | 24,119                  |
|     |                             | Total Pooled Separate Accounts        | 6,789,319               |
| *   | Mutual of America           | Interest Accumulation Fund            | 981,014                 |
|     |                             | Outstanding Participant Loans (5.85%) | 159,758                 |
|     |                             |                                       | <u>\$ 7,930,091</u>     |

\* Represents a party-in-interest

\*\* Cost omitted for participant directed investments

**COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 403(B) PLAN**

EIN 95-2452787 PN 001

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

Year ended December 31, 2024

(See Independent Auditors' Report)

| (a) | (b)<br>Identity<br>of Issue | (c)<br>Description<br>of Investment   | (e)<br>Current<br>Value |
|-----|-----------------------------|---------------------------------------|-------------------------|
|     | American Century            | VP Capital Appreciation Fund          | \$ 15,232               |
|     | American Funds              | New World Fund                        | 740                     |
|     | Calvert                     | VP SRI Balanced Portfolio Fund        | 326                     |
|     | DWS                         | Variable Series I Capital Growth VIP  | 16,100                  |
|     | Fidelity                    | VIP Asset Manager Portfolio           | 18,752                  |
|     | Fidelity                    | Contrafund                            | 61,180                  |
|     | Fidelity                    | VIP Mid Cap Portfolio                 | 8,047                   |
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| *   | Mutual of America           | Clear Passage 2015 Fund               | 1,152                   |
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| *   | Mutual of America           | Clear Passage 2025 Fund               | 842,827                 |
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| *   | Mutual of America           | Clear Passage 2035 Fund               | 913,850                 |
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| *   | Mutual of America           | Clear Passage 2045 Fund               | 228,144                 |
| *   | Mutual of America           | Clear Passage 2050 Fund               | 774,914                 |
| *   | Mutual of America           | Clear Passage 2055 Fund               | 481,033                 |
| *   | Mutual of America           | Clear Passage 2060 Fund               | 295,229                 |
| *   | Mutual of America           | Clear Passage 2065 Fund               | 83,180                  |
| *   | Mutual of America           | Aggressive Allocation Fund            | 160,393                 |
| *   | Mutual of America           | All America Fund                      | 24,649                  |
| *   | Mutual of America           | Balanced Fund                         | 2,786                   |
| *   | Mutual of America           | Conservative Allocation Fund          | 335                     |
| *   | Mutual of America           | Equity Index Fund                     | 511,458                 |
| *   | Mutual of America           | Intermediate Bond Fund                | 10,323                  |
| *   | Mutual of America           | International Fund                    | 2,375                   |
| *   | Mutual of America           | Mid-Cap Equity Index Fund             | 32,649                  |
| *   | Mutual of America           | Mid-Cap Value Fund                    | 657                     |
| *   | Mutual of America           | Moderate Allocation Fund              | 164,154                 |
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| *   | Mutual of America           | Small Cap Equity Index Fund           | 13,025                  |
| *   | Mutual of America           | Small Cap Growth Fund                 | 2,089                   |
| *   | Mutual of America           | Small Cap Value Fund                  | 667                     |
| *   | Mutual of America           | US Government Money Market Fund       | 66,558                  |
|     | Neuberger Berman            | AMT Sustainable Equity Portfolio      | 35,725                  |
|     | PIMCO                       | VIT Real Return Portfolio             | 25,894                  |
|     | T. Rowe Price               | Blue Chip Growth Portfolio            | 142,576                 |
|     | Vanguard                    | VIF Diversified Value Portfolio       | 24,993                  |
|     | Vanguard                    | VIF International Portfolio           | 17,731                  |
|     | Vanguard                    | VIF Real Estate Index                 | 12,477                  |
|     | Vanguard                    | VIF Total Bond Market Index           | 16,315                  |
|     | Victory                     | RS Small Cap Growth Equity VIP Series | 24,119                  |
|     |                             | Total Pooled Separate Accounts        | 6,789,319               |
| *   | Mutual of America           | Interest Accumulation Fund            | 981,014                 |
|     |                             | Outstanding Participant Loans (5.85%) | 159,758                 |
|     |                             |                                       | <u>\$ 7,930,091</u>     |

\* Represents a party-in-interest

\*\* Cost omitted for participant directed investments