

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>403(B) THRIFT PLAN FOR ECONOMIC OPPORTUNITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ECONOMIC OPPORTUNITY AUTHORITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.</u></p> <p><u>TERESA LARRY</u> <u>618 W ANDERSON ST</u> <u>SAVANNAH, GA 31415-5420</u></p>	<p>1c Effective date of plan <u>01/01/1967</u></p> <p>2b Employer Identification Number (EIN) <u>58-0952632</u></p> <p>2c Plan Sponsor's telephone number <u>912-239-2960</u></p> <p>2d Business code (see instructions) <u>624200</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/15/2025	TERESA LARRY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/15/2025	TERESA LARRY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	173
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	135
	6a(2)	63
	6b	0
	6c	39
	6d	102
	6e	0
	6f	102
	6g(1)	107
	6g(2)	102
h	1	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p>A Name of plan 403(B) THRIFT PLAN FOR ECONOMIC OPPORTUNITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.</p>	<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ECONOMIC OPPORTUNITY AUTHORITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.</p>	<p>D Employer Identification Number (EIN) 58-0952632</p>

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	059056-C	97	03/01/2024	02/28/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
	522

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

ATLANTA REGIONAL OFFICE
5 CONCOURSE PARKWAY
SUITE 1275
ATLANTA, GA 30329-6211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	522		3

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	95847
5	Current value of plan's interest under this contract in separate accounts at year end.....	1245838
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 79710
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6)
d	Total of balance and additions (add lines 7b and 7c(6))	7d 79710
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 79710

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan
403(B) THRIFT PLAN FOR ECONOMIC OPPORTUNITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.

B Three-digit plan number (PN) ▶ **001**

C Plan sponsor's name as shown on line 2a of Form 5500
ECONOMIC OPPORTUNITY AUTHORITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.

D Employer Identification Number (EIN)
58-0952632

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0027590	6	03/01/2024	02/28/2025

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

(a) Total amount of commissions paid **(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	300453
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.
 Specify nature of costs ▶

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

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

6b	
6c	
6d	

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

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

b Balance at the end of the previous year	7b	285955
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	285955
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	285955

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan 403(B) THRIFT PLAN FOR ECONOMIC OPPORTUNITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ECONOMIC OPPORTUNITY AUTHORITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.	D Employer Identification Number (EIN) 58-0952632	

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

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

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

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 INSURANCE COMPANY

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		1479	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

A Name of plan <u>403(B) THRIFT PLAN FOR ECONOMIC OPPORTUNITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ECONOMIC OPPORTUNITY AUTHORITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.</u>	D Employer Identification Number (EIN) <u>58-0952632</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SEPARATE ACCOUNT NUMBER 1</u>		
b Name of sponsor of entity listed in (a):	<u>MUTUAL OF AMERICA LIFE INSURANCE COMPANY</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>13-1614399-000</u>	<u>P</u>		<u>1245838</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025			
A Name of plan 403(B) THRIFT PLAN FOR ECONOMIC OPPORTUNITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 ECONOMIC OPPORTUNITY AUTHORITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 58-0952632</td> </tr> </table>	D Employer Identification Number (EIN) 58-0952632	
D Employer Identification Number (EIN) 58-0952632			

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1419	3239
(2) Participant contributions	1b(2)	2866	6483
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6816	11769
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1048769	1245838
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	381224	396300
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1441094	1663629
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1441094	1663629

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	38407	
(B) Participants.....	2a(1)(B)	78453	
(C) Others (including rollovers).....	2a(1)(C)	59657	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		176517
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	685	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	11229	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		11914
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		119946
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		308377

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	84363	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		84363
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1479	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1479
j Total expenses. Add all expense amounts in column (b) and enter total	2j		85842

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		222535
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CAINES, HODGES & COMPANY, PC

(2) EIN: 58-2579944

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

***403(B) THRIFT PLAN FOR ECONOMIC
OPPORTUNITY FOR SAVANNAH-CHATHAM
COUNTY AREA, INC.***

AUDITED FINANCIAL STATEMENTS

FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
INDEX
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

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SALES OF INVESTMENTS IN EXCESS OF 5% OF BEGINNING ASSETS	18

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Member American Institute of Certified Public Accountants
and Georgia Society of Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator
403(b) Thrift Plan for Economic Opportunity for
Savannah-Chatham County Area, Inc.
Savannah, Georgia

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

We have performed an audit of the accompanying financial statements of the 403(b) Thrift Plan for Economic Opportunity for Savannah-Chatham County Area, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of February 28, 2025, and February 29, and 2024, 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 audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended February 28, 2025, and February 29, 2024, stating that the certified investment information, as described in Note 11 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 of the Financial Statements section—

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 may have identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of reportable transactions for the year ended February 28, 2025, and of assets (held at end of year) as of February 28, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

To the Participants and Plan Administrator
403(b) Thrift Plan for Economic Opportunity for
Savannah-Chatham County Area, Inc.
Page 4

In our opinion—

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

Caines, Hodges & Company, P.C.

December 15, 2025

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

	2025	2024
Assets:		
Investments, at fair value (Note 3):		
Insurance company general accounts (unallocated contracts)	\$ 396,300	\$ 381,224
Pooled separate accounts	1,245,838	1,048,769
Total investments, at fair value	1,642,138	1,429,993
Receivables		
Employer contributions	3,239	1,419
Employee contributions	6,483	2,866
Notes receivable from participants	22,200	14,248
Total receivables	31,922	18,533
Total assets	1,674,060	1,448,526
Liabilities	0	0
Net assets available for benefits	\$ 1,674,060	\$ 1,448,526

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

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
STATEMENT OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

	2025	2024
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 119,946	\$ 151,765
Interest		
Insurance company general account	11,229	10,684
Participant loans	685	545
	131,860	162,994
Contributions		
Employer	38,407	37,411
Participants	78,453	71,505
Others (including rollovers)	59,657	11,702
	176,517	120,618
Total additions	308,377	283,612
Deductions from net assets attributed to:		
Benefits paid directly to participants	81,364	176,403
Administrative expense - contract administrator fees	1,479	913
	82,843	177,316
Net increase in net assets available for benefits	225,534	106,296
Net assets available for benefits:		
Beginning of year	1,448,526	1,342,230
End of year	\$ 1,674,060	\$ 1,448,526

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

**403(B) THRIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 1 - Description of Plan

The following description of the 403(b) Thrift Plan for Economic Opportunity for Savannah-Chatham County Area, Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan.

General

The Plan consists of a tax deferred annuity plan. The Plan was established by Economic Opportunity for Savannah-Chatham County Area, Inc. (the Organization) on January 1, 1967, and was last amended October 1, 2013. All employees of the Organization are eligible to participate in the Plan immediately upon employment. After completing one year of service as defined in the Plan agreement, employees become eligible for the Organization match. The match is effective the first full pay period following the earlier of March 1 or September 1 after having been employed for one year.

Contributions

Each year participants may contribute up to the total amount allowed by the Internal Revenue Service for 403(b) plans. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan provides for an employer match of participant contributions of 100%, up to \$1,000.

Upon enrollment in the Plan, participants may direct their allocation of basic and matching contributions with Mutual of America Life Insurance Company and Metropolitan Life Insurance Company. Within these investment vehicles, participants may select between several investment options as more fully described in the Plan's literature. Participants may change their investment option elections at any time.

Participant accounts

Each participant has an individual account which is credited with (a) the participant's contribution, (b) the Organization's matching contribution, (c) participant account earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon and are vested in employer matching contributions on a graded basis over a four-year period.

Participant notes receivable

Participants may borrow from their 403(b) accounts amounts up to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms range up to ten years if for the purchase of a primary residence or up to five year for all other purposes. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest. The interest rate on the loans outstanding during the year ranged from 3.25% to 5.85%.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 1 - Description of Plan (continued)

Payment of benefits

On termination of service due to severance of employment, death, disability or retirement, a participant or a participant's beneficiary may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments, or an annuity.

Forfeited accounts

At February 28, 2025, and February 29, 2024, forfeited nonvested accounts balance was \$25. These accounts are used to pay plan expenses and then to reduce the employer's contribution at the discretion of the employer. However, the Plan did not use any funds from forfeited nonvested accounts pay plan expenses or reduce employer contributions in 2025 or 2024.

Note 2 - Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment valuation and income recognition

The Plan's investments are stated 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.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Payment of benefits

Benefits are recorded when paid.

Operating expenses

All expenses of maintaining the Plan are paid by the Organization.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 3 - Fair Value Measurements and Investments

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies to measure fair value of certain financial instruments could result in different fair values at the reporting date.

Fair value determinations are made based on a hierarchy that prioritizes the inputs to valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of inputs that may be used to measure fair value are:

- Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;
- Level 2 - Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date; and
- Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

General Accounts: The General Accounts are valued at fair value as of the last day of the Plan year. Fair value approximates contract value and is the total of all amounts allocated under the contract through contributions, plus accrued interest, minus withdrawals, transfers and administrative charges. Amounts allocated to the General Accounts become part of the general assets of the custodian. The General Accounts consist of all general assets, other than those in separate accounts and other segregated asset accounts, of the custodians.

The custodians guarantee and bear the full investment risk for all amounts that participants allocate to the General Accounts. Interest is credited on dates determined by the custodians, but not less frequently than once each calendar month. The inputs to valuations are established by the custodians and are primarily unobservable. Accordingly, investments in the General Accounts are classified within level 3 of the valuation hierarchy.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 3 - Fair Value Measurements and Investments (continued)

Pooled Separate Accounts: Pooled separate accounts (PSAs) of the custodian invest in registered investment companies which are invested in debt and equity securities of U.S. and foreign companies and governments at various levels of market capitalization and in money market instruments. Units held in PSAs are valued using the net asset value (NAV) of the fund. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV of a pooled separate account is calculated based on a compilation of primarily observable market information. The number of units of the funds that are outstanding on the calculation date is derived from observable purchase and redemption activity in the fund. Accordingly, the unit value for a collective investment fund is classified within level 2 of the valuation hierarchy.

The following table discloses the fair value hierarchy, by level, of the Plan's assets at fair value as of February 28, 2025, and February 29, 2024.

	Investment Assets at Fair Value as of February 28, 2025			
	Level 1	Level 2	Level 3	Total
Insurance company general account (unallocated contracts)			\$ 396,300	\$ 396,300
Pooled separate accounts		\$ 1,245,838		1,245,838
Total investments, at fair value	\$ 0	\$ 1,245,838	\$ 396,300	\$ 1,642,138
	Investment Assets at Fair Value as of February 29, 2024			
	Level 1	Level 2	Level 3	Total
Insurance company general account (unallocated contracts)			\$ 381,224	\$ 381,224
Pooled separate accounts		\$ 1,048,769		1,048,769
Total investments, at fair value	\$ 0	\$ 1,048,769	\$ 381,224	\$ 1,429,993

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**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 3 - Fair Value Measurements and Investments (continued)

The following table discloses the summary of changes in the fair value of the Plan's level 3 investment assets:

	Insurance Company General Accounts
Balance, beginning of year	\$ 381,224
Purchases	23,397
Interfund transfers	3,650
Net investment income	11,766
Distributions	<u>(23,737)</u>
Balance, end of year	<u>\$ 396,300</u>

Investment strategies of the primary investment option elections in the pooled separate accounts utilized by the Plan are:

Mutual of America Retirement Funds

The various Mutual of America Retirement Funds offered through the pooled service account are designed for investors expecting to retire or to begin withdrawing assets around the year indicated in the respective fund's name (i.e., 2025, 2030, 2035, etc.). These funds are invested in other Mutual of America Investment Corporation funds. Under normal circumstances, the asset allocation will change over time according to a predetermined "glide path" as the retirement fund approaches the target retirement date. The glide path represents the shifting of asset classes over time. Generally, the less time that remains until the target retirement date, and for a 10 year period after the target retirement date, the more the fund will invest in fixed income funds and the less it will invest in equity funds.

Mutual of America Conservative Allocation Fund

The fund invests in other Mutual of America Investment Corporation funds. Its target allocation is approximately 65 percent fixed income funds and 35 percent equity funds. The fund seeks to maintain approximately 25 percent of its net assets in the Mutual of America Equity Index Fund, 5 percent in the Mutual of America Mid-Cap Equity Index Fund, 5 percent in the Mutual of America International Fund, 30 percent in the Mutual of America Bond Fund, and 35 percent in the Mutual of America Mid-Term Bond Fund.

Mutual of America Moderate Allocation Fund

The fund invests in other Mutual of America Investment Corporation funds. Its target allocation is approximately 60 percent in equity funds and 40 percent in fixed income funds. The fund seeks to maintain approximately 35 percent of its net assets in the Mutual of America Equity Index Fund, 15 percent in the Mutual of America Mid-Cap Equity Index Fund, 10 percent in the Mutual of America International Fund, 25 percent in the Mutual of America Bond Fund, and 15 percent in the Mutual of America Mid-Term Bond Fund.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 3 - Fair Value Measurements and Investments (continued)

Mutual of America Equity Index Fund

The fund primarily invests in the 500 common stocks included in the S&P 500 Index to replicate, to the extent practicable and cost effective the weightings of such stocks of the Index. Under normal circumstances, at least 80% of the funds total assets are invested in securities included in the S&P 500 Index.

Note 4 - Postponement of Withdrawals or Transfers

Participants may transfer all or a portion of their account value between a Pooled Separate Account and a General Account. The custodians reserve the right to adopt rules that would restrict excessive frequent transfers that could harm any fund's investment performance. Except as restricted by the Plan, the custodians allow participants to withdraw their account value, in whole or in part, at any time without penalty. However, the custodian has the right to delay transfers and withdrawals from the General Accounts for up to six months following the date that it receives the transaction request. During 2025 and 2024, and through the date of the audit report, there were no delays in the transactions in the General Account.

Note 5 - Terminated Participants with Account Balances

At February 28, 2025, and February 29, 2024, accounts for the benefit of persons who had withdrawn from the Plan but had not been paid amounted to \$425,984 and \$401,933, respectively.

Note 6 - Parties-in-Interest Transactions

Certain Plan investments are issued and/or managed by Mutual of America Life Insurance Company, Metropolitan Life Insurance Company and their affiliates, and therefore these transactions qualify as party-in-interest.

Certain employees of the Organization provide administrative services for the Plan and are not reimbursed for their services from the Plan. Certain other administrative expenses of the Plan are paid by the Organization on behalf of the Plan.

Note 7 - Plan Termination

Although it has not expressed any intent 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 the Employee Retirement Income Security Act of 1974. In the event of plan termination, participants will become 100 percent vested in their accounts.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 8 - Tax Status

The Plan Administrator believes that the Plan has been designed to comply with the requirements of section 403(b) of the Internal Revenue Code and, therefore, believes the Plan is qualified and the related custodial accounts are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 9 - 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 10 - Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of participant notes receivable and benefits paid directly to participants per the financial statements for the years ended February 28, 2025, and February 29, 2024, to participant notes receivable and benefits paid directly to participants per Schedule H of the Form 5500.

	2025	2024
Participant notes receivable	\$ 22,200	\$ 14,248
Deemed distributions treated as benefit payments and reduction of notes receivable from participants per Schedule H but not recognized in financial statements	(10,431)	(7,432)
Participant notes receivable per Schedule H of Form 5500 of Form 5500	\$ 11,769	\$ 6,816
Net assets available for benefits	\$ 1,674,060	\$ 1,448,526
Deemed distributions treated as benefit payments and reduction of notes receivable from participants per Schedule H but not recognized in financial statements	(10,431)	(7,432)
Net assets available for benefits per Schedule H of Form 5500	\$ 1,663,629	\$ 1,441,094

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 10 - Reconciliation of Financial Statements to Schedule H of Form 5500 (continued)

Benefits paid directly to participants	\$ 81,364	\$ 176,403
Change in deemed distributions treated as benefit payments and reduction of notes receivable from participants per Schedule H but not recognized in financial statements	<u>2,999</u>	<u>(1,873)</u>
Benefits paid directly to participants per Schedule H of Form 5500	<u>\$ 84,363</u>	<u>\$ 174,530</u>

Note 11 - Information Prepared and Certified by Custodians

The following information included in the accompanying financial statements and supplemental schedules for the years ended February 28, 2025, and February 29, 2024, were obtained from data that has been prepared and certified as complete and accurate by the custodians.

	<u>2025</u>	<u>2024</u>
Investments in insurance company general accounts (unallocated contracts)	\$ 396,300	\$ 381,224
Investments in pooled service accounts	1,245,838	1,048,769
Participant notes receivable	22,200	14,248
Net appreciation in fair value of investments	119,946	151,765
Interest income	11,914	11,229

Note 12 - Subsequent Events

Management has evaluated subsequent events through December 15, 2025, the date the financial statements were available to be issued. Management was not aware of any other subsequent events that would have a material effect on the financial statements.

OTHER FINANCIAL INFORMATION

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT YEAR END
FEBRUARY 28, 2025**

Plan Name: 403(b) Thrift Plan for Economic Opportunity for Savannah-Chatham County Area, Inc.
EIN: 58-0952632
Plan #: 001
Period: 03/01/2024-02/28/2025

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost*	Current Value
	American Century Investments® VP Capital Appreciation Fund	Pooled Separate Account	N/A	830
	Mutual of America 2015 Retirement Fund	Pooled Separate Account	N/A	16,944
	Mutual of America 2020 Retirement Fund	Pooled Separate Account	N/A	19,039
	Mutual of America 2025 Retirement Fund	Pooled Separate Account	N/A	347,351
	Mutual of America 2030 Retirement Fund	Pooled Separate Account	N/A	75,114
	Mutual of America 2035 Retirement Fund	Pooled Separate Account	N/A	249,168
	Mutual of America 2040 Retirement Fund	Pooled Separate Account	N/A	115,060
	Mutual of America 2045 Retirement Fund	Pooled Separate Account	N/A	219,389
	Mutual of America 2050 Retirement Fund	Pooled Separate Account	N/A	37,898
	Mutual of America 2055 Retirement Fund	Pooled Separate Account	N/A	4,580
	Mutual of America 2060 Retirement Fund	Pooled Separate Account	N/A	4,521
	Mutual of America 2065 Retirement Fund	Pooled Separate Account	N/A	890
	Mutual of America Conservative Allocation Fund	Pooled Separate Account	N/A	12,251
	Mutual of America Equity Index Fund	Pooled Separate Account	N/A	15,570
	Mutual of America Mid-Cap Equity Index Fund	Pooled Separate Account	N/A	596
	Mutual of America Mid-Cap Value Fund	Pooled Separate Account	N/A	865
	Mutual of America Moderate Allocation Fund	Pooled Separate Account	N/A	113,000
	Fidelity VIP Contrafund Portfolio	Pooled Separate Account	N/A	501
	Neuberger Berman AMT Sustainable Equity Portfolio	Pooled Separate Account	N/A	506
	Invesco V.I. Main Street Fund	Pooled Separate Account	N/A	502
	T. Rowe Price Blue Chip Growth Portfolio	Pooled Separate Account	N/A	934
	DWS Capital Growth VIP	Pooled Separate Account	N/A	10,090
	Mutual of America Retirement Income Fund	Pooled Separate Account	N/A	40
	Vanguard VIF Real Estate Index Portfolio	Pooled Separate Account	N/A	199
	Mutual of America Interest Accumulation	Insurance company General Account	N/A	95,847
	Metlife Fixed Interest Account	Insurance company General Account	N/A	300,453
	Participant loans	3.25% - 5.85%	0	22,200

*NOTE: Cost information has not been included because all investments are participant-directed.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
PURCHASES OF INVESTMENTS IN EXCESS OF 5% OF BEGINNING ASSETS
FEBRUARY 28, 2025**

(a) Identity of Party Involved	(b) Description of Asset	(c) Cost
	None	

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
 SAVANNAH-CHATHAM COUNTY AREA, INC.
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
 SALES OF INVESTMENTS IN EXCESS OF 5% OF BEGINNING ASSETS
 FEBRUARY 28, 2025**

(a)	(b)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Selling Price	Cost or Other Basis	Current Value on Transaction Date	Gain (Loss)
	None				

***403(B) THRIFT PLAN FOR ECONOMIC
OPPORTUNITY FOR SAVANNAH-CHATHAM
COUNTY AREA, INC.***

AUDITED FINANCIAL STATEMENTS

FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
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FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator
403(b) Thrift Plan for Economic Opportunity for
Savannah-Chatham County Area, Inc.
Savannah, Georgia

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

We have performed an audit of the accompanying financial statements of the 403(b) Thrift Plan for Economic Opportunity for Savannah-Chatham County Area, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of February 28, 2025, and February 29, and 2024, 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 audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended February 28, 2025, and February 29, 2024, stating that the certified investment information, as described in Note 11 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 of the Financial Statements section—

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 may have identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of reportable transactions for the year ended February 28, 2025, and of assets (held at end of year) as of February 28, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

To the Participants and Plan Administrator
403(b) Thrift Plan for Economic Opportunity for
Savannah-Chatham County Area, Inc.
Page 4

In our opinion—

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

Caines, Hodges & Company, P.C.

December 11, 2025

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

	2025	2024
Assets:		
Investments, at fair value (Note 3):		
Insurance company general accounts (unallocated contracts)	\$ 396,300	\$ 381,224
Pooled separate accounts	1,245,838	1,048,769
Total investments, at fair value	1,642,138	1,429,993
Receivables		
Employer contributions	3,239	1,419
Employee contributions	6,483	2,866
Notes receivable from participants	22,200	14,248
Total receivables	31,922	18,533
Total assets	1,674,060	1,448,526
Liabilities	0	0
Net assets available for benefits	\$ 1,674,060	\$ 1,448,526

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

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
STATEMENT OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

	2025	2024
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 119,946	\$ 151,765
Interest		
Insurance company general account	11,229	10,684
Participant loans	685	545
	131,860	162,994
Contributions		
Employer	38,407	37,411
Participants	78,453	71,505
Others (including rollovers)	59,657	11,702
	176,517	120,618
Total additions	308,377	283,612
Deductions from net assets attributed to:		
Benefits paid directly to participants	81,364	176,403
Administrative expense - contract administrator fees	1,479	913
	82,843	177,316
Net increase in net assets available for benefits	225,534	106,296
Net assets available for benefits:		
Beginning of year	1,448,526	1,342,230
End of year	\$ 1,674,060	\$ 1,448,526

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

**403(B) THRIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 1 - Description of Plan

The following description of the 403(b) Thrift Plan for Economic Opportunity for Savannah-Chatham County Area, Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan.

General

The Plan consists of a tax deferred annuity plan. The Plan was established by Economic Opportunity for Savannah-Chatham County Area, Inc. (the Organization) on January 1, 1967, and was last amended October 1, 2013. All employees of the Organization are eligible to participate in the Plan immediately upon employment. After completing one year of service as defined in the Plan agreement, employees become eligible for the Organization match. The match is effective the first full pay period following the earlier of March 1 or September 1 after having been employed for one year.

Contributions

Each year participants may contribute up to the total amount allowed by the Internal Revenue Service for 403(b) plans. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan provides for an employer match of participant contributions of 100%, up to \$1,000.

Upon enrollment in the Plan, participants may direct their allocation of basic and matching contributions with Mutual of America Life Insurance Company and Metropolitan Life Insurance Company. Within these investment vehicles, participants may select between several investment options as more fully described in the Plan's literature. Participants may change their investment option elections at any time.

Participant accounts

Each participant has an individual account which is credited with (a) the participant's contribution, (b) the Organization's matching contribution, (c) participant account earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon and are vested in employer matching contributions on a graded basis over a four-year period.

Participant notes receivable

Participants may borrow from their 403(b) accounts amounts up to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms range up to ten years if for the purchase of a primary residence or up to five year for all other purposes. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest. The interest rate on the loans outstanding during the year ranged from 3.25% to 5.85%.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 1 - Description of Plan (continued)

Payment of benefits

On termination of service due to severance of employment, death, disability or retirement, a participant or a participant's beneficiary may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments, or an annuity.

Forfeited accounts

At February 28, 2025, and February 29, 2024, forfeited nonvested accounts balance was \$25. These accounts are used to pay plan expenses and then to reduce the employer's contribution at the discretion of the employer. However, the Plan did not use any funds from forfeited nonvested accounts pay plan expenses or reduce employer contributions in 2025 or 2024.

Note 2 - Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment valuation and income recognition

The Plan's investments are stated 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.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Payment of benefits

Benefits are recorded when paid.

Operating expenses

All expenses of maintaining the Plan are paid by the Organization.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 3 - Fair Value Measurements and Investments

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies to measure fair value of certain financial instruments could result in different fair values at the reporting date.

Fair value determinations are made based on a hierarchy that prioritizes the inputs to valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of inputs that may be used to measure fair value are:

- Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;
- Level 2 - Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date; and
- Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

General Accounts: The General Accounts are valued at fair value as of the last day of the Plan year. Fair value approximates contract value and is the total of all amounts allocated under the contract through contributions, plus accrued interest, minus withdrawals, transfers and administrative charges. Amounts allocated to the General Accounts become part of the general assets of the custodian. The General Accounts consist of all general assets, other than those in separate accounts and other segregated asset accounts, of the custodians.

The custodians guarantee and bear the full investment risk for all amounts that participants allocate to the General Accounts. Interest is credited on dates determined by the custodians, but not less frequently than once each calendar month. The inputs to valuations are established by the custodians and are primarily unobservable. Accordingly, investments in the General Accounts are classified within level 3 of the valuation hierarchy.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 3 - Fair Value Measurements and Investments (continued)

Pooled Separate Accounts: Pooled separate accounts (PSAs) of the custodian invest in registered investment companies which are invested in debt and equity securities of U.S. and foreign companies and governments at various levels of market capitalization and in money market instruments. Units held in PSAs are valued using the net asset value (NAV) of the fund. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV of a pooled separate account is calculated based on a compilation of primarily observable market information. The number of units of the funds that are outstanding on the calculation date is derived from observable purchase and redemption activity in the fund. Accordingly, the unit value for a collective investment fund is classified within level 2 of the valuation hierarchy.

The following table discloses the fair value hierarchy, by level, of the Plan's assets at fair value as of February 28, 2025, and February 29, 2024.

	<u>Investment Assets at Fair Value as of February 28, 2025</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Insurance company general account (unallocated contracts)			\$ 396,300	\$ 396,300
Pooled separate accounts		\$ 1,245,838		1,245,838
Total investments, at fair value	\$ <u>0</u>	\$ <u>1,245,838</u>	\$ <u>396,300</u>	\$ <u>1,642,138</u>
	<u>Investment Assets at Fair Value as of February 29, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Insurance company general account (unallocated contracts)			\$ 381,224	\$ 381,224
Pooled separate accounts		\$ 1,048,769		1,048,769
Total investments, at fair value	\$ <u>0</u>	\$ <u>1,048,769</u>	\$ <u>381,224</u>	\$ <u>1,429,993</u>

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**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 3 - Fair Value Measurements and Investments (continued)

The following table discloses the summary of changes in the fair value of the Plan's level 3 investment assets:

	Insurance Company General Accounts
Balance, beginning of year	\$ 381,224
Purchases	23,397
Interfund transfers	3,650
Net investment income	11,766
Distributions	(23,737)
Balance, end of year	\$ <u>396,300</u>

Investment strategies of the primary investment option elections in the pooled separate accounts utilized by the Plan are:

Mutual of America Retirement Funds

The various Mutual of America Retirement Funds offered through the pooled service account are designed for investors expecting to retire or to begin withdrawing assets around the year indicated in the respective fund's name (i.e., 2025, 2030, 2035, etc.). These funds are invested in other Mutual of America Investment Corporation funds. Under normal circumstances, the asset allocation will change over time according to a predetermined "glide path" as the retirement fund approaches the target retirement date. The glide path represents the shifting of asset classes over time. Generally, the less time that remains until the target retirement date, and for a 10 year period after the target retirement date, the more the fund will invest in fixed income funds and the less it will invest in equity funds.

Mutual of America Conservative Allocation Fund

The fund invests in other Mutual of America Investment Corporation funds. Its target allocation is approximately 65 percent fixed income funds and 35 percent equity funds. The fund seeks to maintain approximately 25 percent of its net assets in the Mutual of America Equity Index Fund, 5 percent in the Mutual of America Mid-Cap Equity Index Fund, 5 percent in the Mutual of America International Fund, 30 percent in the Mutual of America Bond Fund, and 35 percent in the Mutual of America Mid-Term Bond Fund.

Mutual of America Moderate Allocation Fund

The fund invests in other Mutual of America Investment Corporation funds. Its target allocation is approximately 60 percent in equity funds and 40 percent in fixed income funds. The fund seeks to maintain approximately 35 percent of its net assets in the Mutual of America Equity Index Fund, 15 percent in the Mutual of America Mid-Cap Equity Index Fund, 10 percent in the Mutual of America International Fund, 25 percent in the Mutual of America Bond Fund, and 15 percent in the Mutual of America Mid-Term Bond Fund.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 3 - Fair Value Measurements and Investments (continued)

Mutual of America Equity Index Fund

The fund primarily invests in the 500 common stocks included in the S&P 500 Index to replicate, to the extent practicable and cost effective the weightings of such stocks of the Index. Under normal circumstances, at least 80% of the funds total assets are invested in securities included in the S&P 500 Index.

Note 4 - Postponement of Withdrawals or Transfers

Participants may transfer all or a portion of their account value between a Pooled Separate Account and a General Account. The custodians reserve the right to adopt rules that would restrict excessive frequent transfers that could harm any fund's investment performance. Except as restricted by the Plan, the custodians allow participants to withdraw their account value, in whole or in part, at any time without penalty. However, the custodian has the right to delay transfers and withdrawals from the General Accounts for up to six months following the date that it receives the transaction request. During 2025 and 2024, and through the date of the audit report, there were no delays in the transactions in the General Account.

Note 5 - Terminated Participants with Account Balances

At February 28, 2025, and February 29, 2024, accounts for the benefit of persons who had withdrawn from the Plan but had not been paid amounted to \$425,984 and \$401,933, respectively.

Note 6 - Parties-in-Interest Transactions

Certain Plan investments are issued and/or managed by Mutual of America Life Insurance Company, Metropolitan Life Insurance Company and their affiliates, and therefore these transactions qualify as party-in-interest.

Certain employees of the Organization provide administrative services for the Plan and are not reimbursed for their services from the Plan. Certain other administrative expenses of the Plan are paid by the Organization on behalf of the Plan.

Note 7 - Plan Termination

Although it has not expressed any intent 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 the Employee Retirement Income Security Act of 1974. In the event of plan termination, participants will become 100 percent vested in their accounts.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 8 - Tax Status

The Plan Administrator believes that the Plan has been designed to comply with the requirements of section 403(b) of the Internal Revenue Code and, therefore, believes the Plan is qualified and the related custodial accounts are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 9 - 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 10 - Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of participant notes receivable and benefits paid directly to participants per the financial statements for the years ended February 28, 2025, and February 29, 2024, to participant notes receivable and benefits paid directly to participants per Schedule H of the Form 5500.

	2025	2024
Participant notes receivable	\$ 22,200	\$ 14,248
Deemed distributions treated as benefit payments and reduction of notes receivable from participants per Schedule H but not recognized in financial statements	(10,431)	(7,432)
Participant notes receivable per Schedule H of Form 5500 of Form 5500	\$ 11,769	\$ 6,816
Net assets available for benefits	\$ 1,674,060	\$ 1,448,526
Deemed distributions treated as benefit payments and reduction of notes receivable from participants per Schedule H but not recognized in financial statements	(10,431)	(7,432)
Net assets available for benefits per Schedule H of Form 5500	\$ 1,663,629	\$ 1,441,094

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

Note 10 - Reconciliation of Financial Statements to Schedule H of Form 5500 (continued)

Benefits paid directly to participants	\$ 81,364	\$ 176,403
Change in deemed distributions treated as benefit payments and reduction of notes receivable from participants per Schedule H but not recognized in financial statements	<u>2,999</u>	<u>(1,873)</u>
Benefits paid directly to participants per Schedule H of Form 5500	<u>\$ 84,363</u>	<u>\$ 174,530</u>

Note 11 - Information Prepared and Certified by Custodians

The following information included in the accompanying financial statements and supplemental schedules for the years ended February 28, 2025, and February 29, 2024, were obtained from data that has been prepared and certified as complete and accurate by the custodians.

	<u>2025</u>	<u>2024</u>
Investments in insurance company general accounts (unallocated contracts)	\$ 396,300	\$ 381,224
Investments in pooled service accounts	1,245,838	1,048,769
Participant notes receivable	22,200	14,248
Net appreciation in fair value of investments	119,946	151,765
Interest income	11,914	11,229

Note 12 - Subsequent Events

Management has evaluated subsequent events through December 11, 2025, the date the financial statements were available to be issued. Management was not aware of any other subsequent events that would have a material effect on the financial statements.

OTHER FINANCIAL INFORMATION

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT YEAR END
FEBRUARY 28, 2025**

Plan Name: 403(b) Thrift Plan for Economic Opportunity for Savannah-Chatham County Area, Inc.
 EIN: 58-0952632
 Plan #: 001
 Period: 03/01/2024-02/28/2025

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost*	Current Value
	American Century Investments® VP Capital Appreciation Fund	Pooled Separate Account	N/A	830
	Mutual of America 2015 Retirement Fund	Pooled Separate Account	N/A	16,944
	Mutual of America 2020 Retirement Fund	Pooled Separate Account	N/A	19,039
	Mutual of America 2025 Retirement Fund	Pooled Separate Account	N/A	347,351
	Mutual of America 2030 Retirement Fund	Pooled Separate Account	N/A	75,114
	Mutual of America 2035 Retirement Fund	Pooled Separate Account	N/A	249,168
	Mutual of America 2040 Retirement Fund	Pooled Separate Account	N/A	115,060
	Mutual of America 2045 Retirement Fund	Pooled Separate Account	N/A	219,389
	Mutual of America 2050 Retirement Fund	Pooled Separate Account	N/A	37,898
	Mutual of America 2055 Retirement Fund	Pooled Separate Account	N/A	4,580
	Mutual of America 2060 Retirement Fund	Pooled Separate Account	N/A	4,521
	Mutual of America 2065 Retirement Fund	Pooled Separate Account	N/A	890
	Mutual of America Conservative Allocation Fund	Pooled Separate Account	N/A	12,251
	Mutual of America Equity Index Fund	Pooled Separate Account	N/A	15,570
	Mutual of America Mid-Cap Equity Index Fund	Pooled Separate Account	N/A	596
	Mutual of America Mid-Cap Value Fund	Pooled Separate Account	N/A	865
	Mutual of America Moderate Allocation Fund	Pooled Separate Account	N/A	113,000
	Fidelity VIP Contrafund Portfolio	Pooled Separate Account	N/A	501
	Neuberger Berman AMT Sustainable Equity Portfolio	Pooled Separate Account	N/A	506
	Invesco V.I. Main Street Fund	Pooled Separate Account	N/A	502
	T. Rowe Price Blue Chip Growth Portfolio	Pooled Separate Account	N/A	934
	DWS Capital Growth VIP	Pooled Separate Account	N/A	10,090
	Mutual of America Retirement Income Fund	Pooled Separate Account	N/A	40
	Vanguard VIF Real Estate Index Portfolio	Pooled Separate Account	N/A	199
	Mutual of America Interest Accumulation	Insurance company General Account	N/A	95,847
	Metlife Fixed Interest Account	Insurance company General Account	N/A	300,453
	Participant loans	3.25% - 5.85%	0	22,200

*NOTE: Cost information has not been included because all investments are participant-directed.

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
SAVANNAH-CHATHAM COUNTY AREA, INC.
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
PURCHASES OF INVESTMENTS IN EXCESS OF 5% OF BEGINNING ASSETS
FEBRUARY 28, 2025**

(a) Identity of Party Involved	(b) Description of Asset	(c) Cost
	None	

**403(B) THIFT PLAN FOR ECONOMIC OPPORTUNITY FOR
 SAVANNAH-CHATHAM COUNTY AREA, INC.
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
 SALES OF INVESTMENTS IN EXCESS OF 5% OF BEGINNING ASSETS
 FEBRUARY 28, 2025**

(a)	(b)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Selling Price	Cost or Other Basis	Current Value on Transaction Date	Gain (Loss)
	None				

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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

Basic Plan Information—enter all requested information

1a Name of plan 403 (B) THRIFT PLAN FOR ECONOMIC OPPORTUNITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC.	1b Three-digit plan number (PN) ▶	001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ECONOMIC OPPORTUNITY AUTHORITY FOR SAVANNAH-CHATHAM COUNTY AREA, INC. TERESA LARRY 618 W ANDERSON ST SAVANNAH GA 31415-5420	1c Effective date of plan 01/01/1967	2b Employer Identification Number (EIN) 58-0952632
2c Plan Sponsor's telephone number 912-239-2960	2d Business code (see instructions) 624200	

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

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

	12/11/2025	TERESA LARRY
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	12/11/2025	TERESA LARRY
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<div style="border: 1px solid black; padding: 2px; width: fit-content;">SIGN HERE</div>		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)