

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... [X] an amended return/report [ ] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [ ] D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program... [ ] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK
1b Three-digit plan number (PN): 003
1c Effective date of plan: 04/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): UNITED CEREBRAL PALSY OF NEW
Mailing address: 80 MAIDEN LANE, FL 8, NEW YORK, NY 10038
2b Employer Identification Number (EIN): 13-5654532
2c Plan Sponsor's telephone number: 212-683-6700
2d Business code (see instructions): 624100

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2504
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2172
	<b>6a(2)</b>	2471
	<b>6b</b>	30
	<b>6c</b>	298
	<b>6d</b>	2799
	<b>6e</b>	1
	<b>6f</b>	2800
	<b>6g(1)</b>	1026
<b>6g(2)</b>	1093	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	1593049
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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 ▶

<b>6b</b>	
<b>6c</b>	
<b>6d</b>	

**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 ANNUITY CONTRACT

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	3030834
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	0
	<b>7c(2)</b>	0
	<b>7c(3)</b>	68343
	<b>7c(4)</b>	0
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	68343
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	3099177
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	1506128
	<b>7e(4)</b>	0
(5) Total deductions .....	<b>7e(5)</b>	1506128
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	1593049

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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 **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UNITED CEREBRAL PALSY OF NEW</b>		<b>D</b> Employer Identification Number (EIN) <b>13-5654532</b>

**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**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1614399</b>	<b>88668</b>	<b>901028</b>	<b>2799</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>5138</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**NEW YORK CITY REGIONAL OFFICE**  
**320 PARK AVENUE**  
**NEW YORK, NY 10022**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
	<b>5138</b>	<b>INCENTIVE COMP</b>	<b>3</b>

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	2726794
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	2626937
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 2908470
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 84058
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶ LOAN INTEREST	<b>7c(5)</b> 58
	(6) Total additions .....	<b>7c(6)</b> 84116
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 2992586
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 197161
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 2150
	(3) Transferred to separate account .....	<b>7e(3)</b> 66481
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 265792	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 2726794

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>003</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UNITED CEREBRAL PALSY OF NEW</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-5654532</b></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**

(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	910979	2799	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid <b>0</b>	(b) Total amount of fees paid <b>1091</b>
--	--

**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  
**NEW YORK CITY REGIONAL OFFICE** **320 PARK AVENUE**  
**NEW YORK, NY 10022**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1091	INCENTIVE COMP	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	

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	334775
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	3265590
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 400944
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 10323
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 10323
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 411267
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 81252
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 273
	(3) Transferred to separate account .....	<b>7e(3)</b> -5033
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 76492	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 334775

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UNITED CEREBRAL PALSY OF NEW</b>	<b>D</b> Employer Identification Number (EIN) <b>13-5654532</b>	

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

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

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

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

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

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

<b>DODGE AND COX</b>	<b>555 CALIFORNIA STREET 40TH FLOOR SAN FRANCISCO, CA 94104</b>
----------------------	---

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

<b>DWS</b>	<b>210 WEST 10TH STREET KANSAS CITY, MO 64105</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>MUTUAL OF AMERICA</b>	<b>320 PARK AVE NEW YORK, NY 10022</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>BLACKROCK ADVISORS</b>	<b>100 BELLEVUE PARKWAY WILMINGTON, DE 19809</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

MFS 111 HUNTINGTON AVENUE  
BOSTON, MA 02199

---

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

---

DELAWARE FUNDS BY MACQUARIE PO BOX 9876  
PROVIDENCE, RI 02940

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

---

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

---

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

---

PIMCO 840 NEWPORT CENTER DRIVE  
SUITE 100  
NEWPORT BEACH, CA 92660

---

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

---

VANGUARD 100 VANGUARD BOULEVARD  
MALVERN, PA 19355

---

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

---

AMERICAN FUNDS 333 SOUTH HOPE STREET  
LOS ANGELES, CA 90071-1406

---

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

---

MID ATLANTIC TRUST COMPANY 1251 WATERFRONT PLACE STE 525  
PITTSBURGH, PA 15222

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

---

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

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

MUTUAL OF AMERICA SEC. CORP LLC

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?
15 37 49 57	RECORD KEEPER	129551	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(b) 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.

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

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

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

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

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

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

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

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

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

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

<b>a</b> Name: BONADIO & CO., LLP	<b>b</b> EIN: 16-1131146
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 6 WEMBLEY COURT ALBANY, NY 12205	<b>e</b> Telephone: 585-464-4080

Explanation: NORMAL COURSE OF BUSINESS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK</u>	<b>B</b> Three-digit plan number (PN)	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNITED CEREBRAL PALSY OF NEW</u>	<b>D</b> Employer Identification Number (EIN) <u>13-5654532</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SEPARATE ACCOUNT NUMBER 2</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>MUTUAL OF AMERICA LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>13-1614399-000</u>	<u>P</u>		<u>41835620</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UNITED CEREBRAL PALSY OF NEW</b>	<b>D</b> Employer Identification Number (EIN) <b>13-5654532</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	43205
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>		22711
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	4995597
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	301070	419784
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	39189769	41835620
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	7129777	7035615
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	6340248	4654618
<b>(15)</b> Other .....	<b>1c(15)</b>	1437554	1218038

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	54398418	60225188
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	54398418	60225188

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	0	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2855234	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	824337	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		3679571
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	26721	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		26721
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2923935	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2923935
(3) Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		3930980
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10561207

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	4602667	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4602667
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	0	
(3) Recordkeeping fees .....	<b>2i(3)</b>	72862	
(4) IQPA audit fees .....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	58417	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	491	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		131770
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4734437

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5826770
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>TAX DEFERRED ANNUITY PLAN OF ADAPT COMMUNITY NETWORK</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED CEREBRAL PALSY OF NEW</u>	<b>D</b> Employer Identification Number (EIN) <u>13-5654532</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>27-3169253</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	88

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J300873A.

# Tax Deferred Annuity Plan of ADAPT Community Network

Financial Statements (Modified Cash Basis)  
and ERISA-Required Supplemental Schedule  
Years Ended December 31, 2024 and 2023

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



# **Tax Deferred Annuity Plan of ADAPT Community Network**

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Financial Statements (Modified Cash Basis)  
and ERISA-Required Supplemental Schedules  
Years Ended December 31, 2024 and 2023

# Tax Deferred Annuity Plan of ADAPT Community Network

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## Independent Auditor's Report

The Plan Administrator  
Tax Deferred Annuity Plan of ADAPT Community Network  
New York, New York

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements***

We have performed an audit of the financial statements of the Tax Deferred Annuity Plan of ADAPT Community Network (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). The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2024, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, and the related notes to the financial statements (2024 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

### ***Disclaimer of Opinion on the 2024 Financial Statements***

We do not express an opinion on the accompanying 2024 financial statements of the Plan. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2024 financial statements.

### ***Basis for Disclaimer of Opinion on the 2024 Financial Statements***

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, management has not maintained sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the 2024 financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the 2024 financial statements have been affected by these conditions.

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



### ***Emphasis of Matter - Basis of Accounting***

We draw attention to Note 2 to the 2024 financial statements, which describes the basis of accounting. The 2024 financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 2024 Financial Statements***

Our responsibility is to conduct an audit of the Plan's 2024 financial statements in accordance with auditing standards generally accepted in the United States of America (GAAS) and to issue an auditor's report. However, because of the matter described in the *Basis for Disclaimer of Opinion on the 2024 Financial Statements* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

### ***Other Matter - 2024 Supplemental Schedule Required by ERISA***

The ERISA-required supplemental Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the 2024 financial statements but is supplementary information required by the DOL'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 2024 financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2024 Financial Statements* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.



***Other Matter - Report on the 2023 Financial Statements***

The financial statements of the Plan as of December 31, 2023 (the 2023 financial statements) were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their audit report, dated October 15, 2024, stated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Other Matter – Revision of Previously Issued Financial Statements***

As discussed in Note 2, during the year ended December 31, 2024, the Plan revised the December 31, 2023 presentation of investments at fair value to conform with the current-year financial statement presentation and related footnote disclosures. In addition, a revision was made to correct the previously reported amount of investments measured at net asset value as a practical expedient. These revisions represent reclassifications and had no effect on previously reported total assets or net assets available for benefits. Our opinion is not modified with respect to this matter.

BDO USA, P.C.

March 17, 2026

## **Financial Statements (Modified Cash Basis)**

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**Tax Deferred Annuity Plan of ADAPT Community Network**  
**Statements of Net Assets Available for Benefits (Modified Cash Basis)**

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<i>December 31,</i>	2024	2023
<b>Assets</b>		
Investments, at fair value	\$ 55,084,870	\$ 47,757,100
Fully Benefit-Responsive Guaranteed Interest Accounts, at contract value	4,654,618	6,340,248
<b>Total Investments</b>	<b>59,739,488</b>	<b>54,097,348</b>
<b>Cash</b>	<b>43,205</b>	<b>-</b>
<b>Receivables</b>		
Notes receivable from participants	419,784	301,070
Due from related plan	22,711	-
<b>Total Receivables</b>	<b>442,495</b>	<b>301,070</b>
<b>Net Assets Available for Benefits</b>	<b>\$ 60,225,188</b>	<b>\$ 54,398,418</b>

*See accompanying notes to financial statements (modified cash basis).*

**Tax Deferred Annuity Plan of ADAPT Community Network**  
**Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)**

<i>Year ended December 31,</i>	<b>2024</b>	<b>2023</b>
<b>Additions</b>		
Investment income:		
Interest and dividends	\$ 2,923,935	\$ 1,640,181
Net appreciation in fair value of investments	3,930,980	3,503,452
<b>Net Investment Income</b>	<b>6,854,915</b>	<b>5,143,633</b>
Interest income on notes receivable from participants	26,721	17,929
Contributions:		
Participant	2,855,234	2,332,808
Rollovers	824,337	331,853
<b>Total Contributions</b>	<b>3,679,571</b>	<b>2,664,661</b>
<b>Total Additions</b>	<b>10,561,207</b>	<b>7,826,223</b>
<b>Deductions</b>		
Benefits paid to participants	4,602,667	2,926,178
Administrative expenses	131,770	125,755
<b>Total Deductions</b>	<b>4,734,437</b>	<b>3,051,933</b>
<b>Net Increase</b>	<b>5,826,770</b>	<b>4,774,290</b>
Transfer of Assets	-	12,021,761
<b>Net Assets Available for Benefits, beginning of year</b>	<b>54,398,418</b>	<b>37,602,367</b>
<b>Net Assets Available for Benefits, end of year</b>	<b>\$ 60,225,188</b>	<b>\$ 54,398,418</b>

*See accompanying notes to financial statements (modified cash basis).*

# Tax Deferred Annuity Plan of ADAPT Community Network

## Notes to Financial Statements (Modified Cash Basis)

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### 1. Description of Plan

The following brief description of Tax Deferred Annuity Plan of ADAPT Community Network (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

#### *General and Eligibility*

The Plan is an employee salary reduction contribution plan covering all eligible employees of ADAPT Community Network (formerly United Cerebral Palsy of New York City, Inc.) (the Agency and Plan Administrator). The Plan also covers former employees of New York League for Early Learning, Inc. (NYL) who became employees of the Agency on April 1, 2019 and became eligible to participate in the Plan on that date. Employees may contribute to the Plan immediately following employment at the Agency. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective April 1, 2019, all employees of NYL became employees of the Agency and all contributions into the NYL 403(b) Plan ceased. During 2020, participant balances in the NYL 403(b) Plan held with MassMutual were transferred from the NYL 403(b) Plan into the Plan. The Board of Directors of the Agency, sole member of NYL, voted in December 2023 to merge the remaining assets of the NYL 403(b) Plan into the Plan as of December 31, 2023. As of December 31, 2023, the ownership of all remaining participant balances and custodial accounts in the NYL 403(b) Plan held with Mutual of America and Nationwide were transferred from the NYL 403(b) Plan to this Plan and the NYL 403(b) Plan was terminated. All participant elections effective immediately prior to the transfer under NYL 403(b) Plan continued to apply in the Plan until changed by the participant. Also, as a transfer, all accounts under the NYL 403(b) Plan carried over to the Plan retained their same character and treatment.

Empower Retirement, LLC (Empower) was the recordkeeper of the Plan's assets from January 2022 through October 2022. Empower was also an authorized agent of Reliance Trust Company (Reliance), a third-party administrator of the Plan. In October of 2022, the recordkeeping responsibilities were transitioned from Empower to Mutual of America, and a majority of custodial assets were transferred from Empower to Mid Atlantic Trust Company (Mid Atlantic). Nationwide Life Insurance Company (Nationwide) is a custodian and recordkeeper of assets transferred from the NYL 403(b) Plan as of December 31, 2023.

#### *Employee Contributions*

Each year, participants may contribute a portion of pretax annual compensation, as defined in the Plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

#### *Vesting*

Participants are immediately vested in their voluntary contributions plus actual earnings thereon.

# Tax Deferred Annuity Plan of ADAPT Community Network

## Notes to Financial Statements (Modified Cash Basis)

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### ***Participant Accounts***

Each participant's account is credited with the participant's contributions and investment earnings. Participants are charged with an allocation of administrative expenses that are paid by the Plan. The amount of income a participant's account earns is contingent upon the nature of the investments elected. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Payment of Benefits***

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive benefit in the form of a single life annuity, a qualified joint and survivor annuity, or a minimum distribution option. At retirement, the total value of the individual account, including interest and earnings, will be available for pension benefits. Participants attaining the age of 59½ may withdraw the total balance of their account. Hardship withdrawals from the Plan are permitted from all participant accounts. All hardship withdrawals must comply with specific rules relating to hardships, which are uniformly applicable to all participants.

### ***Death Benefits***

The Plan provides a death benefit prior to normal retirement equal to 100% of the participant's account, or annual installments over the life or over a period not greater than the life expectancy of the beneficiary.

### ***Termination***

Participants who terminate employment with the Agency other than by reason of retirement, death, or disability are entitled to the vested balances of their accounts. Such amounts may be paid in a lump sum or remain invested with the Plan.

### ***Plan Loans***

Participants may borrow a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their account balances. Each loan must be repaid within a period not to exceed five years, unless the loan is for the purchase of a principal residence, in which case, the loan period may not exceed ten years. The loans from Mutual of America are issued directly from funds owned by the Plan trustee and are collateralized by the balances in the participants' accounts. Such loans bear a fixed rate of interest determined at the time the loan is issued. Payments are made by the participants directly to Mutual of America. These loans bear interest ranging from 4.25% to 9.00% as of December 31, 2024 and 2023. As of December 31, 2024 and 2023, approximately \$11,200 and \$14,300, respectively, of Plan loans were outstanding from Mutual of America and were excluded from these financial statements.

### ***Notes Receivable from Participants***

Plan participants may borrow from their fund accounts a minimum loan amount of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balances. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 9.50% as of December 31, 2024 and 2023. All loans must be repaid within five years (unless it is used to

# Tax Deferred Annuity Plan of ADAPT Community Network

## Notes to Financial Statements (Modified Cash Basis)

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purchase their primary residence). Payments are made by the participants directly to Mutual of America. Loans are subject to a set of rules established by law.

### 2. Summary of Significant Accounting Policies

#### *Basis of Accounting*

The accompanying financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP). As such, certain assets and the related additions to net assets available for benefits and certain liabilities and the related deductions from net assets available for benefits may not be recognized until cash is received or paid. The primary effects of the use of the modified cash basis of accounting on the financial statements are that deemed distributions are not recognized until cash is paid. Accordingly, the financial statements are not intended to be presented in accordance with GAAP.

#### *Use of Estimates*

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

#### *Investment Valuation and Income Recognition*

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

#### *Fully Benefit-Responsive Guaranteed Interest Accounts*

##### *Mutual of America General Account Fund*

All amounts allocated to the Interest Accumulation Account become part of Mutual of America's general account. The amount in the Interest Accumulation Account at any time will be equal to the sum of all amounts that have been allocated to such account, including interest credited to the account, less the sum of all amounts that have been withdrawn from such account. Participants' principal and previously credited interest are guaranteed. Mutual of America assumes the investment risk of the underlying investments of the Interest Accumulation Account. This guarantee is subject to Mutual of America's financial strength and claims-paying ability. Mutual of America's

# Tax Deferred Annuity Plan of ADAPT Community Network

## Notes to Financial Statements (Modified Cash Basis)

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general account investment strategy is to maintain high-quality assets with excellent liquidity, strong capital adequacy, and a proper matching of assets and liabilities.

The general account is credited with interest at a rate determined by Mutual of America from time to time, and Mutual of America reserves the right to change the interest rates applicable to amounts held in this account at their discretion, but not below the minimum guaranteed interest rate. The crediting rate determined by Mutual of America was 3% and 1% as of December 31, 2024 and 2023, respectively.

Requests for withdrawal (subject to Plan provisions) can be made at any time and are processed on the day that they are received; they are not dependent on Mutual of America having to liquidate securities in order to generate a payment. The contract value is the redeemable value of the fund; there are no deferred sales charges, load assessments, interest rate adjustments, or surrender charges that would affect the value as a result of a withdrawal request. The amounts held in the general account are considered fully benefit responsive.

### *Empower Annuity Insurance Company General Investment Account*

The Empower Trust Company General Investment Account investment option is a guaranteed interest account (GIA) provided through a group annuity contract. Under the terms of the contract, a crediting rate is established for amounts invested in the GIA and participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their account balance at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees. Empower Trust Company considers this investment option to be fully benefit responsive notwithstanding the contract provisions that limit the ability of the Plan to transact at contract value when a market value event occurs.

During the recordkeeper and custodian change from Empower to Mutual of America in October 2022, all assets held by Empower Trust Company were transferred to Mutual of America except for the GIA funds mentioned above. These funds were held back from the transfer and are currently held by Empower Trust Company. Empower Trust Company will release these funds in installments over five years through 2027, making transfers towards the end of each Plan year.

### *Risks and Uncertainties*

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

### *Notes Receivable from Participants*

Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded when received. Related fees are recorded as administrative expenses and are expensed when they are paid. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

# Tax Deferred Annuity Plan of ADAPT Community Network

## Notes to Financial Statements (Modified Cash Basis)

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### *Contributions Receivable*

Participant contributions are recognized in the period during which the Company makes the respective payroll deduction from the participant's compensation.

### *Payment of Benefits*

Benefits are recorded when paid.

### *Expenses*

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Agency. Expenses that are paid by the Agency are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of investments.

### *Revision of Previously Issued Financial Statements*

The investments at fair value as of December 31, 2023 differ from what was presented in Note 4 - Fair Value Measurements in the prior year audited financial statements as follows: an investment for \$3.2 million previously presented as investments measured at net asset value as a practical expedient at December 31, 2023 was revised and is presented as a money market fund to conform with the current-year financial statement presentation and footnote disclosures. There was an additional \$0.2 million revision to correct the prior year reported amount of the investments measured at net asset value as a practical expedient. Such reclassifications have no effect on previously reported total assets or net assets available for benefits.

## **3. Certified Investment Information**

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedule related to investments and cash held as of December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower, Mutual of America, Mid Atlantic, and Nationwide, qualified institutions.

## **4. Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

*Level 1* - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

# Tax Deferred Annuity Plan of ADAPT Community Network

## Notes to Financial Statements (Modified Cash Basis)

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*Level 2* - This level consists of inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

*Mutual Funds* - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Money Market Fund* - Valued at the daily closing price as reported by the fund.

*Fixed Accounts* - The Nationwide Fixed Accounts are carried at book value plus a market value adjustment less a contingent deferred sales charge, when applicable (none at December 31, 2024). All unobservable inputs for Level 3 assets are developed by Nationwide.

*Pooled Separate Accounts* - Valued using net asset value (NAV) as a practical expedient to estimate fair value where NAV is based on the value of the underlying investment assets held through sub-accounts of a separate account of an insurance company. This practical expedient is not used when it is determined to be probable that the account will sell the investment for an amount different than the reported NAV. There are currently no redemption restrictions or unfunded commitments on these investments. The pooled separate accounts are privately managed through investment companies and are not publicly quoted. Pooled separate accounts are comprised primarily of shares of registered investment companies.

# Tax Deferred Annuity Plan of ADAPT Community Network

## Notes to Financial Statements (Modified Cash Basis)

The following tables set forth by the input level, within the fair value hierarchy, the Plan's assets at fair value:

### December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,035,615	\$ -	\$ -	\$ 7,035,615
Money market fund	4,995,597	-	-	4,995,597
Fixed accounts	-	-	1,218,038	1,218,038
<b>Total Investments</b> , in the fair value hierarchy	<b>\$ 12,031,212</b>	<b>\$ -</b>	<b>\$ 1,218,038</b>	<b>13,249,250</b>
Pooled separate accounts, measured at NAV*				41,835,620
<b>Total Investments</b> , at fair value				<b>\$ 55,084,870</b>

### December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,129,777	\$ -	\$ -	\$ 7,129,777
Money market fund	3,202,001	-	-	3,202,001
Fixed accounts	-	-	1,437,554	1,437,554
<b>Total Investments</b> , in the fair value hierarchy	<b>\$ 10,331,778</b>	<b>\$ -</b>	<b>\$ 1,437,554</b>	<b>11,769,332</b>
Pooled separate accounts, measured at NAV*				35,987,768
<b>Total Investments</b> , at fair value				<b>\$ 47,757,100</b>

\* In accordance with Accounting Standards Codification (ASC) 820, investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of assets available for benefits (modified cash basis).

### Quantitative Information About Level 3 Fair Value Measurements

	Fair Value	Valuation Technique	Unobservable Inputs	Interest Rate (%)	Weighted Average (%)
December 31, 2024	\$ 1,218,038	Underlying Contract Terms	Current Yield	3.00	3.00
December 31, 2023	1,437,554	Underlying Contract Terms	Current Yield	3.00	3.00

The Nationwide fixed accounts were transferred to the Plan from the NYL 403(b) Plan on December 31, 2023. Therefore, there were no changes in the Level 3 asset amounts during the years ended December 31, 2024 or 2023.

## 5. Related Party and Party-in-Interest Transactions

Transactions between Mutual of America, Nationwide, Empower, Mid Atlantic, and the Plan qualify as party-in-interest transactions since those organizations also provide custodial and recordkeeping

# Tax Deferred Annuity Plan of ADAPT Community Network

## Notes to Financial Statements (Modified Cash Basis)

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services to the Plan. In addition, the Plan allows participants to receive loans under specific circumstances. As such, transactions between the participants that have loans and the Plan qualify as party-in-interest transactions that are exempt from prohibited transaction rules.

### 6. Fully Benefit-Responsive Investment Contracts

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts disclosed in Note 2 is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the IRC or the failure of the trust to be tax-exempt under Section 501(a) of the IRC.
- Premature termination of the contracts.
- Plan termination or merger.
- Changes to the Plan's prohibition on competing investment options.
- Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract.

Examples of such events include the following:

- An uncured violation of the Plan's investment guidelines.
- A breach of material obligation under the contract.
- A material misrepresentation.
- A material amendment to the agreements without the consent of the issuer.

There are no reserves against contract values for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a contractually guaranteed interest rate that may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

Generally, there are no events that could limit the ability of the Plan to transact at contract value. The contracts do not permit the insurance companies to terminate the agreements prior to the scheduled maturity dates. At December 31, 2024 and 2023, there are no unfunded commitments and investments are redeemed on a daily basis.

# Tax Deferred Annuity Plan of ADAPT Community Network

## Notes to Financial Statements (Modified Cash Basis)

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### 7. Plan Termination

Although it has not expressed any intention to do so, the Agency has the right to terminate the Plan, in whole or in part, at any time subject to the provisions set forth by ERISA. In the event of Plan termination, participants remain 100% vested in their balances and all Plan assets must be distributed to participants and beneficiaries as soon as administratively practicable after termination of the Plan.

### 8. Tax Status

The Plan has adopted a pre-approved plan document sponsored by Mutual of America Financial Group. Mutual of America Financial Group received an opinion letter from the Internal Revenue Service (IRS), dated November 30, 2020, which states that the pre-approved plan document, as then designed, satisfies the applicable provisions of the IRC. Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine by taxing jurisdictions; however, there are currently no IRS examinations for any tax periods in progress.

### 9. Subsequent Events

Subsequent events have been evaluated through March 17, 2026, which is the date the financial statements were available to be issued. Effective January 1, 2025, the Plan was amended to allow for Roth contributions. There were no other significant subsequent events which require disclosure.

## ERISA-Required Supplemental Schedule

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# Tax Deferred Annuity Plan of ADAPT Community Network

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 13-5654532 Plan No.: 003

December 31, 2024

(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
<b>Guaranteed Interest Contracts</b>				
*	Mutual of America	Interest Accumulation Account	\$	3,061,569
*	Empower Trust Company	Guaranteed Interest Account		1,593,049
<b>Total Guaranteed Interest Contracts</b>				<b>4,654,618</b>
<b>Mutual Funds</b>				
	Calvert	Bond Fund		3,653,300
	Dodge & Cox	Stock Fund		881,437
	MFS	Mid Cap Value Fund		302,234
	Delaware	Small Cap Value Fund		590,178
	Vanguard	International Growth Fund		758,610
	BlackRock	Mid-Cap Growth Equity Portfolio		588,549
	American Funds	New World Fund		92,694
	Vanguard	Real Estate Index Fund		168,613
<b>Total Mutual Funds</b>				<b>7,035,615</b>
<b>Money Market Fund</b>				
*	Mutual of America	Vanguard Treasury Money Market Fund		4,995,597
<b>Total Money Market Fund</b>				<b>4,995,597</b>
<b>Pooled Separate Accounts</b>				
*	Mutual of America	Equity Index Fund		5,054,866
*	Mutual of America	Clear Passage 2030 Fund		3,991,122
*	Mutual of America	Clear Passage 2025 Fund		3,019,285
*	Mutual of America	Clear Passage 2035 Fund		3,073,225
*	Mutual of America	Clear Passage 2045 Fund		2,325,986
*	Mutual of America	Clear Passage 2040 Fund		2,644,502
*	Mutual of America	Clear Passage 2020 Fund		1,598,983
*	Mutual of America	PIMCO Real Return Instl		840
*	Mutual of America	Balanced Fund		116,008
*	Mutual of America	DWS Capital Growth VIP		389,378
*	Mutual of America	DWS Capital Growth Fund		2,427,350
*	Mutual of America	Intermediate Bond Fund		17,210
*	Mutual of America	Mid-Cap Equity Index Fund		1,279,286
*	Mutual of America	Clear Passage 2050 Fund		974,244
*	Mutual of America	Fidelity VIP Contrafund - Portfolio		1,026,367
*	Mutual of America	Small Cap Growth Fund		524,148
*	Mutual of America	Small Cap Equity Index Fund		594,179
*	Mutual of America	Clear Passage 2055 Fund		760,073
*	Mutual of America	Clear Passage 2015 Fund		477,661
*	Mutual of America	Retirement Income Fund		498,249
*	Mutual of America	International Fund		449,690
*	Mutual of America	Aggressive Allocation Fund		383,633
*	Mutual of America	Calvert VP SRI Balanced Portfolio		379,974
*	Mutual of America	Conservative Allocation Fund		253,823
*	Mutual of America	Moderate Allocation Fund		209,027
*	Mutual of America	Vanguard VIF International Portfolio		145,331
*	Mutual of America	Fidelity VIP Mid Cap Portfolio		206,274
*	Mutual of America	Fidelity VIP Equity-Income Portfolio		95,812
*	Mutual of America	All America Fund		154,086
*	Mutual of America	Clear Passage 2060 Fund		254,942
*	Mutual of America	Small Cap Value Fund		54,671

# Tax Deferred Annuity Plan of ADAPT Community Network

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 13-5654532

Plan No.: 003

December 31, 2024

(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
<b>Pooled Separate Accounts</b>				
<b>(continued)</b>				
*	Mutual of America	American Century Investments VP Capital Appreciation Fund	\$	76,112
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio		117,179
*	Mutual of America	Fidelity VIP Asset Manager Portfolio		73,940
*	Mutual of America	Core Bond Fund		59,725
*	Mutual of America	Vanguard VIF Diversified Value Portfolio		32,043
*	Mutual of America	Invesco V.I. Main Street Fund		24,664
*	Mutual of America	Clear Passage 2065 Fund		102,130
*	Mutual of America	Money Market Fund		4,588
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio		5,225
*	Mutual of America	Vanguard Total Bond Market Index		12,454
*	Mutual of America	Mid Cap Value Fund		155,479
*	Mutual of America	American Funds Insurance Series New World Fund		1,088
*	Mutual of America	Neuberger Berman AMT Sustainable Equity Portfolio		260
*	Mutual of America	Goldman Sachs VIT Small Cap Equity Insights Fund		243
*	Nationwide	Bank of New York Melon INVMT SM CP STIND SVC		73,285
*	Nationwide	Bank of New York Melon STK INDX INITIAL		479,274
*	Nationwide	Bank of New York Melon SUSTNBL US EQ INITL		92,472
*	Nationwide	Bank of New York Melon VIF GR INC INITL		71,348
*	Nationwide	Federated Hermes IS QULTY BD II PRM		1,025
*	Nationwide	Fidelity VIP ASST MGR 50 INITIAL		311,635
*	Nationwide	Fidelity VIP ENRGY SVC 2		993
*	Nationwide	Fidelity VIP EQ INC INITIAL		671,852
*	Nationwide	Fidelity VIP FREE 2020 SVC		391
*	Nationwide	Fidelity VIP FREE 2030 SVC		2,335
*	Nationwide	Fidelity VIP GR INITIAL		1,542,282
*	Nationwide	Fidelity VIP HI INC INITIAL		132,905
*	Nationwide	Fidelity VIP INVMT GRD BD SVC		7,668
*	Nationwide	Fidelity VIP MDCAP SVC		62,426
*	Nationwide	Fidelity VIP OVRSEAS INITIAL		75,961
*	Nationwide	Fidelity VIP VAL STRAT SVC		50,657
*	Nationwide	Franklin Templeton INC VIP 2		13,379
*	Nationwide	Franklin Templeton TMP FORGN VIP 2		139
*	Nationwide	Franklin Templeton FNKLN SM CP VAL VIP 2		55,326
*	Nationwide	Invesco VI COR PLS BD I		16,740
*	Nationwide	Invesco VI DISC MD CAP GR I		186,362
*	Nationwide	Invesco VI DISC MD CAP GR II		2,468
*	Nationwide	Invesco VI EQ INC SER I		70,801
*	Nationwide	Invesco VI GLB STRT INC I		73
*	Nationwide	Invesco VI GLBL I		204,364
*	Nationwide	Invesco VI MN ST SM CAP I		54,140
*	Nationwide	Janus Henderson FRTY SVC		105,372
*	Nationwide	Janus Henderson OVRSEAS SVC		9,693
*	Nationwide	Janus Henderson GLBL TECH INNSVC		41,841
*	Nationwide	Lincoln VIPT AMCENT BAL STD II		53,450
*	Nationwide	Lincoln VIPT JPM MDCAPVAL STD		150,482
*	Nationwide	Lincoln VIPT AMCEN INFL PRTCTSVC		4,254
*	Nationwide	Lincoln VIPT AMCEN MD CAP VA STD II		24,279
*	Nationwide	Lincoln VIPT AMCEN DSPLCR VAL STD II		74,186
*	Nationwide	MACQ VIP HI INC SVC		86
*	Nationwide	MACQ VIP MD CAP GR SVC		3,182

# Tax Deferred Annuity Plan of ADAPT Community Network

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 13-5654532 Plan No.: 003

December 31, 2024

(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
<b>Pooled Separate Accounts</b>				
<b>(continued)</b>				
*	Nationwide	MFS VIT INTL INTRN SC VAL SVC	\$	3,445
	MFS	VIT VAL SER SVC		974
*	Nationwide	Morgan Stanley VIF EMRG MKT DB I		2,996
*	Nationwide	Neuberger Berman AMT QUAL EQ I		15,823
*	Nationwide	Neuberger Berman AMT SHRT DUR BD I		1,392
*	Nationwide	VIT ALLSPR DISC I		424,874
*	Nationwide	VIT AMFDS BD II		194
*	Nationwide	VIT AMFDS GLBL GR II		5,738
*	Nationwide	VIT AMFDS GR II		29,694
*	Nationwide	VIT AMFDS GR INC II		194
*	Nationwide	VIT BLKRK EQ DIVD II		1,121
*	Nationwide	VIT BNYMN DYN CUS COR I		1,181,689
*	Nationwide	VIT BNYMN DYN CUS EQ IN I		122,181
*	Nationwide	VIT BNYMN DYN CUS EQ IN Z		237
*	Nationwide	VIT FID INST AM EMRG MKT I		18,793
*	Nationwide	VIT GOV MNY MKT I		110,195
*	Nationwide	VIT GOVT BD I		18,549
*	Nationwide	VIT INTL EQ I		106,750
*	Nationwide	VIT INV DEST AGGR II		64
*	Nationwide	VIT INV DEST MOD II		9,914
*	Nationwide	VIT INV DEST MOD AGGR II		1,679
*	Nationwide	VIT INV DEST MOD CNSRV II		540
*	Nationwide	VIT INVSCO SM CAP GR I		11,666
*	Nationwide	VIT JCBSLVY LG CAP GR I		145,483
*	Nationwide	VIT JCBSLVY LG CAP COR I		314,072
*	Nationwide	VIT JCBSLVY LG CAP COR II		27,519
*	Nationwide	VIT MDCAP INDX I		76,254
*	Nationwide	VIT MULT MGR SM CO I		44,386
*	Nationwide	VIT MULT MGRSMCAPVAL I		27,137
*	Nationwide	VIT NSPTNRS FOCs GR I		87,476
*	Nationwide	VIT PTNM INTL VAL X		4,447
*	Nationwide	VIT REALEST I		142,241
*	Nationwide	VIT STRAT INC I		22,990
*	Nationwide	VIT VIC MDCAPVAL II		96,073
*	Nationwide	VIT AQRLGCAPDEFNSTYLE I		63,183
*	Nationwide	T. Rowe Price HLTH SCNC II		2,696
*	Nationwide	VanEck VIP EMRGMKT INITIAL		1,922
*	Nationwide	VanEck VIP EMRG MKT BD I		4,453
*	Nationwide	VanEck VIP GLB RSRC INITIAL		14,105
<b>Total Pooled Separate Accounts</b>				<b>41,835,620</b>
<b>Fixed Accounts</b>				
*	Nationwide	Fixed Account		1,218,038
<b>Total Fixed Accounts</b>				<b>1,218,038</b>
*	<b>Participant Loans</b>	Interest rates from 4.25% to 9.50%	-	419,784
<b>Total</b>				<b>\$ 60,159,272</b>

\* A party-in-interest, as defined by ERISA.

\*\* The cost of participant-directed investments is not required to be disclosed.

Plan Name: Tax Deferred Annuity Plan of Adapt Community Network

EIN: 13-5654532

Plan No: 003

The Tax Deferred Annuity Plan of Adapt Community Network is timely filing its 2024 Form 5500. However, the audited financial statements for the plan year ending December 31, 2024 were not able to be completed in time to attach to this return. The plan's independent auditor is currently working with the Plan Administrator and service providers to obtain information necessary to complete and issue the auditor's report. The Tax Deferred Annuity Plan of Adapt Community Network expects to have the audited financial statements available within the next 45 days. At that time, the Plan Sponsor will file an amended 2024 Form 5500 with the audited financial statements attached.

Attachment to January 2024 Form 5500  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
United Cerebral Palsy of New York City, Inc. d/b/a ADAPT Community Network  
EIN: 13-5654532  
Plan Number: 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c)Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e)Closing Value
	Mutual of America	MUTUAL FUND American Funds New World R6		92,694
	Mutual of America	MUTUAL FUND BlackRock Mid-Cap Growth Equity K		588,549
	Mutual of America	MUTUAL FUND Calvert Bond R6		3,653,300
	Mutual of America	MUTUAL FUND Delaware Small Cap Value R6		590,177
	Mutual of America	MUTUAL FUND Dodge & Cox Stock		881,437
	Mutual of America	MUTUAL FUND DWS Capital Growth R6		2,427,350
	Mutual of America	PARTICIPANT LOANS Loan Fund		419,784
	Mutual of America	MUTUAL FUND MFS Mid Cap Value R6		302,234
	Mutual of America	MUTUAL FUND MoA Balanced Fund		61,666
	Mutual of America	MUTUAL FUND MoA Clear Passage 2015 Fund		477,661
	Mutual of America	MUTUAL FUND MoA Clear Passage 2020 Fund		1,564,233
	Mutual of America	MUTUAL FUND MoA Clear Passage 2025 Fund		2,902,537
	Mutual of America	MUTUAL FUND MoA Clear Passage 2030 Fund		3,874,375
	Mutual of America	MUTUAL FUND MoA Clear Passage 2035 Fund		2,977,838
	Mutual of America	MUTUAL FUND MoA Clear Passage 2040 Fund		2,221,060
	Mutual of America	MUTUAL FUND MoA Clear Passage 2045 Fund		2,067,772
	Mutual of America	MUTUAL FUND MoA Clear Passage 2050 Fund		974,161
	Mutual of America	MUTUAL FUND MoA Clear Passage 2055 Fund		760,073
	Mutual of America	MUTUAL FUND MoA Clear Passage 2060 Fund		254,942
	Mutual of America	MUTUAL FUND MoA Clear Passage 2065 Fund		34,919
	Mutual of America	MUTUAL FUND MoA Equity Index Fund		4,587,973
	Mutual of America	MUTUAL FUND MoA International Fund		277,077
	Mutual of America	MUTUAL FUND MoA Mid Cap Equity Index Fund		1,206,867
	Mutual of America	MUTUAL FUND MoA Retirement Income Fund		494,065
	Mutual of America	MUTUAL FUND MoA Small Cap Equity Index Fund		594,179
	Mutual of America	MUTUAL FUND MoA Small Cap Growth Fund		380,791
	Mutual of America	MUTUAL FUND PIMCO Real Return Instl		840
	Mutual of America	MUTUAL FUND Vanguard International Growth Adm		758,610
	Mutual of America	MUTUAL FUND Vanguard Real Estate Index Admiral		168,613

.	Mutual of America	MUTUAL FUND Vanguard Total Bond Market Index Adm		12,454
.	Mutual of America	MUTUAL FUND Vanguard Treasury Money Market Investor		4,995,596