

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 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 10/01/1999
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KI BOIS COMMUNITY ACTION FOUND PO BOX 727 STIGLER, OK 74462-0727
2b	Employer Identification Number (EIN) 73-0770231
2c	Plan Sponsor's telephone number 918-967-3325
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.

SIGN HERE	Filed with authorized/valid electronic signature.	03/30/2026	TOM MARLATT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 359
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 329 6a(2) 306 6b 9 6c 33 6d 348 6e 3 6f 351 6g(1) 357 6g(2) 344 6h 3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ 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 2
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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 10/01/2024 and ending 09/30/2025		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 KI BOIS COMMUNITY ACTION FOUND	D Employer Identification Number (EIN) 73-0770231	

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	912624	175	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	1650

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
DALLAS REGIONAL OFFICE 222 LAS COLINAS BOULEVARD WEST SUITE 550 IRVING, TX 75039-5458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1650	PORTION OF INCENTIVE COMPENSATION	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	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	2259864
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	11777981

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ 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 ▶ ☐**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 ▶

b Balance at the end of the previous year	7b	1970516
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)	160176	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	59315	
(4) Transferred from separate account	7c(4)	188698	
(5) Other (specify below).....	7c(5)	9202	

▶ ROLLOVER, LOANS, FORFEITURES

(6) Total additions	7c(6)	417391
---------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	2387907
---	-----------	---------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	110860	
(2) Administration charge made by carrier.....	7e(2)	794	
(3) Transferred to separate account	7e(3)	4115	
(4) Other (specify below).....	7e(4)	12274	

▶ FIN ADJ.

(5) Total deductions	7e(5)	128043
----------------------------	--------------	--------

f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	2259864
--	-----------	---------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

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 10/01/2024 and ending 09/30/2025		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 KI BOIS COMMUNITY ACTION FOUND	D Employer Identification Number (EIN) 73-0770231	

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1005062-01	177	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	5296594
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2412249

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ 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 ▶ ☐**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 Balance at the end of the previous year	7b	5011595
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)	192661	
	7c(2)	0	
	7c(3)	174924	
	7c(4)	523617	
	7c(5)	72675	

▶ **LOAN REPAYMENTS AND FORFEITURES**

(6) Total additions	7c(6)	963877
---------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	5975472
---	-----------	---------

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)	326246	
	7e(2)	347	
	7e(3)	352285	
	7e(4)	0	

(5) Total deductions	7e(5)	678878
----------------------------	--------------	--------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5296594
---	-----------	---------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 KI BOIS COMMUNITY ACTION FOUND	D Employer Identification Number (EIN) 73-0770231	

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

(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	
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	
DELAWARE FUNDS BY MACQUARIE	PO BOX 9876 PROVIDENCE, RI 02940

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

DWS 210 WEST 10TH STREET
KANSAS CITY, MO 64105

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

FIDELITY INVESTMENTS 82 DEVONSHIRE STREET
BOSTON, MA 02109

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

GOLDMAN SACHS 200 WEST STREET
NEW YORK, NY 10282

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

INVESCO 11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

MFS 111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

MUTUAL OF AMERICA 320 PARK AVE
NEW YORK, NY 10022

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

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

(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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

(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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

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

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

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

(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)

METLIFE LIFE INSURANCE COMPANY

11225 NORTH COMMUNITY HOUSE ROAD
CHARLOTTE, NC 28277

(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?
64	RECORDKEEPER	691	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	INSURANCE CARRIER	646	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.			B Three-digit plan number (PN) ▶		002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KI BOIS COMMUNITY ACTION FOUND			D Employer Identification Number (EIN) 73-0770231		
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA2					
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA					
c EIN-PN 13-1614399-000		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11777981		
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)		
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)		
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)		
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		

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)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
	A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 KI BOIS COMMUNITY ACTION FOUND	D Employer Identification Number (EIN) 73-0770231	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	20141
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10065328	11777981
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6982111	7556458
(15) Other.....	1c(15)	2452684	2412249

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	19500123	21766829
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	19500123	21766829

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	606601	
(B) Participants	2a(1)(B)	754650	
(C) Others (including rollovers)	2a(1)(C)	54536	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1415787
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	4202	
(F) Other	2b(1)(F)	234239	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		238441
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1583480
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		3237708

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	969334	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		969334
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1668	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1668
j Total expenses. Add all expense amounts in column (b) and enter total	2j		971002

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2266706
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LANDMARK PLC, CPAS**

(2) EIN: **71-0355269**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF KI BOIS COMMUNITY ACTION FOUNDATION, INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 KI BOIS COMMUNITY ACTION FOUND	D Employer Identification Number (EIN) 73-0770231	

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3590259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>03 / 31 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J300870A</u> .	



**403(b) Thrift Plan for Employees of
KiBois Community Action Foundation, Inc.**

**Financial Statements
and
Supplemental Information
September 30, 2025 and 2024**

(With Independent Auditor's Report Thereon)

**403(b) Thrift Plan for Employees of
KiBois Community Action Foundation, Inc.**

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR’S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	6
Statement of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8
SUPPLEMENTAL INFORMATION	
Schedule H, line 4i - Schedule of Assets Held at End of Year	20

INDEPENDENT AUDITOR'S REPORT

Board of Directors, Plan administrator, and Participants

**403(b) Thrift Plan for Employees of
KiBois Community Action Foundation, Inc.**
Stigler, Oklahoma

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

We have performed audits of the financial statements of the **403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.** (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended September 30, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of September 30, 2025 and 2024, and for the year ended September 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

**403(b) Thrift Plan for Employees of
KiBois Community Action Foundation, Inc.**

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

**403(b) Thrift Plan for Employees of
KiBois Community Action Foundation, Inc.**

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

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

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

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

Other Matters - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets Held at End of Year as of September 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Board of Directors, Plan administrator, and Participants

**403(b) Thrift Plan for Employees of
KiBois Community Action Foundation, Inc.**

In our opinion:

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

A handwritten signature in black ink that reads "Landmark PLC". The word "Landmark" is written in a cursive script, and "PLC" is written in a simpler, more upright font.

Fort Smith, Arkansas
March 25, 2026

Financial Statements

**403(b) Thrift Plan for Employees of
KiBois Community Action Foundation, Inc.**

**Statements of Net Assets Available for Benefits
September 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value		
Variable annuities in pooled separate accounts	\$ 14,190,230	\$ 12,518,012
Fixed interest account	5,296,594	5,011,595
Interest accumulation account	<u>2,259,864</u>	<u>1,970,516</u>
	<u>21,746,688</u>	<u>19,500,123</u>
Receivables		
Employer contributions	-	21,182
Participant contributions	-	22,511
Receivable from insurance company	291	5,188
Notes receivable from participants	<u>20,141</u>	<u>-</u>
	<u>20,432</u>	<u>48,881</u>
TOTAL ASSETS	21,767,120	19,549,004
LIABILITIES		
Excess contributions payable	<u>-</u>	<u>31,907</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 21,767,120</u></u>	<u><u>\$ 19,517,097</u></u>

See accompanying notes to financial statements.

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Statement of Changes in Net Assets Available for Benefits Year ended September 30, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income	
Net appreciation in fair value of investments	\$ 1,583,480
Interest income	234,241
Interest income on notes receivable from participants	4,200
	<u>1,821,921</u>

Contributions	
Employer, net of forfeitures	617,326
Participants	732,139
Rollovers	54,536
	<u>1,404,001</u>

Total Additions	<u>3,225,922</u>
------------------------	------------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	974,231
Administrative expenses	1,668

Total Deductions	<u>975,899</u>
-------------------------	----------------

NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	2,250,023
---	-----------

NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>19,517,097</u>
--	-------------------

NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 21,767,120</u></u>
--	-----------------------------

See accompanying notes to financial statements.

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Notes to Financial Statements September 30, 2025 and 2024

NOTE 1: DESCRIPTION OF PLAN

The following description of the 403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution plan under Section 403(b) of the Internal Revenue Code (IRC) for the benefit of eligible employees of KiBois Community Action Foundation, Inc. (the Employer). The Plan is subject to the Department of Labor's reporting requirements under the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

Through September 30, 2024, all employees of the Employer, except those who were non-resident aliens with no U.S. source income and those who were students, were eligible to participate in the Plan immediately upon their first day of employment. Entry dates were daily, each day of the month.

Effective October 1, 2024, all employees of the Employer, except those who are non-resident aliens with no U.S. source income and those who are students, are eligible to participate in the salary deferral contribution portion of the Plan. All employees of the Employer, except those who are non-resident aliens with no U.S. source income, those who are classified or treated as independent contractors or other non-employees by the Employer on its payroll records or otherwise, those who are highly compensated employees, and those who are students are eligible to participate in the Employer matching contribution portion of the Plan. Entry dates are daily, each day of the month.

Contributions

Each year, participants may contribute up to 100% of their pretax annual compensation to the Plan, as defined in the Plan document. 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 plans (rollover contributions). The Employer matching contributions are calculated at 100% of the first 10% of compensation that a participant contributes to the Plan. Catch-up contributions are not matched by the Employer. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Investment Options

Participants direct the investment of their contributions among the various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's salary deferral contributions, his or her allocation of the Employer's contributions, and Plan earnings and losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant contributions, earnings or losses, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Notes to Financial Statements September 30, 2025 and 2024

Vesting

Participants are at all times 100% vested in their salary deferral contributions and rollover contributions, plus actual earnings thereon. Participants are 25% vested in the Employer's matching contributions after two years of service and are fully vested after five years of service. Participants are 100% vested upon attainment of age 59 1/2, disability, or death.

Loans to Participants

Through September 30, 2024, participants could request a group annuity loan from Mutual of America Life Insurance Company (Mutual of America) or a collateral loan from Metropolitan Life Insurance Company (MetLife). Effective October 1, 2024, participants can request a group annuity loan from Mutual of America or an account reduction loan from MetLife.

Group annuity loans made by Mutual of America are made from the general assets of Mutual of America, not Plan assets. A participant may borrow a minimum of \$1,000 up to a maximum equal to the lesser of (1) 50% of the value of the participant's vested account balance on the day that the loan is made, or (2) \$50,000 reduced by the excess of the largest unpaid loan balance that the participant owed to the Plan at any time during the year ended on the day before the day the loan is made over the unpaid loan balance that the participant owes to the Plan on the day that the loan is made. Loans are charged a variable rate of interest that is reevaluated quarterly. The interest rate is commensurate with interest rates charged by persons in the business of lending money, including duly licensed insurance companies issuing contracts funding qualified retirement plans, which could be made under similar circumstances. The loans are secured against the Mutual of America Interest Accumulation Account and are not deducted from the participant's account balance. The amount borrowed plus a loan reserve (20% of the loan amount) must be reserved in the participant's Mutual of America interest accumulation account. If the loan is used to acquire the principal residence of the participant, the loan term is not to exceed 10 years. For any other loans, the term is not to exceed 5 years.

Collateral loans made by MetLife were made from the general assets of MetLife, not Plan assets. A participant could borrow a minimum of \$1,000 up to a maximum equal to the lesser of (1) 40% of the value of the participant's vested account balance, or (2) \$50,000 reduced by any current total outstanding loan balance from all qualified plans sponsored by the Employer. Additionally, the \$50,000 was reduced by the excess, if any, of the highest total outstanding loan balance of all loans for the previous 12 months, ending on the day before the date the loan is made, minus the current outstanding loan balance. Loans were charged an interest rate based on Moody's Corporate Bond Index. The rate was subject to adjustment annually and was set prior to the anniversary date of the loan. The loans were secured against the MetLife Fixed Interest Account and were not deducted from the participant's account balance. The amount borrowed plus a loan reserve (25% of the loan amount) was reserved in the participant's MetLife Fixed Interest Account. If the loan was used to acquire the principal residence of the participant, the loan term was not to exceed 15 years. For any other loans, the term was not to exceed 5 years.

A participant may not have more than 2 loans outstanding at any time.

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Notes to Financial Statements September 30, 2025 and 2024

As of September 30, 2025 and 2024, approximately \$727,000 and \$587,000, respectively, of participant account balances were pledged as collateral against outstanding loans totaling \$597,756 and \$480,515, respectively.

Notes Receivable from Participants

The proceeds of account reduction loans made by MetLife are paid directly from the participant's account. A participant may borrow a minimum of \$1,000 up to a maximum equal to the lesser of (1) 50% of the value of the participant's vested account balance, or (2) \$50,000 reduced by any current total outstanding loan balance from all qualified plans sponsored by the Employer. Additionally, the \$50,000 must be reduced by the excess, if any, of the highest total outstanding loan balance of all loans for the previous 12 months, ending on the day before the date the loan is made, minus the current outstanding loan balance. Loans are charged interest at the prime rate as published by the Wall Street Journal on the first business day of the month the loan is originated, plus 1%. The rate is fixed for the life of the loan. Loan repayments are credited to the participant's account, and no portion of the participant's account is restricted as security for the loan. If the loan is used to acquire the principal residence of the participant, the loan term is not to exceed 15 years. For any other loans, the term is not to exceed 5 years. A participant may not have more than 2 loans outstanding at any time.

Payment of Benefits

Upon severance from employment or termination of service due to retirement, disability, or death, a participant may elect to receive either a lump-sum payment, an annuity, or under certain circumstances, installment payments, equal to the value of the participant's vested interest in his or her account.

A participant may withdraw any part of the vested interest in his or her account resulting from rollover contributions at any time. A participant who has attained age 59 ½ may withdraw any amounts allocated to his or her salary deferral contributions at any time. The Plan also allows a participant to withdraw any amounts allocated to his or her salary deferral contributions in the event of hardship due to an immediate and heavy financial need.

See Note 9 for specific disclosures related to the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Forfeited Accounts

Forfeitures shall be used to reduce future Employer contributions. During the year ended September 30, 2025, Employer matching contributions were reduced by \$23,088 from forfeited nonvested accounts. As of September 30, 2025 and 2024, forfeited nonvested accounts totaled \$2,763 and \$1, respectively.

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Notes to Financial Statements September 30, 2025 and 2024

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's 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. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the insurance companies. 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. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of September 30, 2025 and 2024. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The IRS requires that refunds for these excess contributions be made to the applicable participants within 2 ½ months of the Plan year-end. For the year ended September 30, 2025, there were no participants with excess contributions. For the year ended September 30, 2024, the Plan distributed excess contributions to applicable participants, but the refunds were not made within 2 ½ months of the Plan year-end.

Payment of Benefits

Benefit payments are recorded when paid. There were no amounts allocated to withdrawing participants' accounts for distributions payable on or before September 30, 2025 and 2024 but not yet paid as of those dates.

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Notes to Financial Statements September 30, 2025 and 2024

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid directly by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Certain activity-based fees are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Expense Offset Arrangements

Fees incurred by the Plan for the investment management services or recordkeeping are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

NOTE 3: INFORMATION CERTIFIED BY THE PLAN'S INSURANCE COMPANIES

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, MetLife and Mutual of America have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

- Investments and notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of September 30, 2025 and 2024,
- Net appreciation in fair value of investments, interest income, and interest income on notes receivable from participants, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended September 30, 2025, and
- The Schedule of Assets Held at End of Year as of September 30, 2025.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for obtaining and reading the certifications and comparing the certified investment information with the related information presented and disclosed in the financial statements and supplemental schedule.

NOTE 4: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic *Fair Value Measurements and Disclosures* (Topic 820) establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Notes to Financial Statements September 30, 2025 and 2024

The three levels of the fair value hierarchy under Topic 820 are described as:

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.
Level 2	Inputs to the valuation methodology include • 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2025 and 2024.

Variable annuities in pooled separate accounts: Valued at the net asset value (NAV) of the units of the pooled separate accounts. The NAV, as provided by the insurance companies, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the account, less liabilities. 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 reported NAV. Participant transactions (purchases and sales) may occur daily.

Fixed interest accounts: Fair value is the amount participants would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination or retirement. This fair value represents the contract value adjusted to reflect current market interest rates only to the extent such market rates exceed crediting rates.

Interest accumulation account: Valued at contract value (contributions and interest less expenses and withdrawals), which is deemed to be fair value, as provided by the insurance company.

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Notes to Financial Statements September 30, 2025 and 2024

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025 and 2024. In accordance with the FASB Codification Topic, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the items presented in the Statements of Net Assets Available for Benefits.

Assets at Fair Value as of September 30, 2025

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fixed interest account	\$ -	\$ 5,296,594	\$ -	\$ 5,296,594
Interest accumulation account	<u>-</u>	<u>2,259,864</u>	<u>-</u>	<u>2,259,864</u>
Total assets in the fair value hierarchy	<u>\$ -</u>	<u>\$ 7,556,458</u>	<u>\$ -</u>	7,556,458
Investments measured at net asset value				<u>14,190,230</u>
Total investments at fair value				<u>\$ 21,746,688</u>

Assets at Fair Value as of September 30, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fixed interest account	\$ -	\$ 5,011,595	\$ -	\$ 5,011,595
Interest accumulation account	<u>-</u>	<u>1,970,516</u>	<u>-</u>	<u>1,970,516</u>
Total assets in the fair value hierarchy	<u>\$ -</u>	<u>\$ 6,982,111</u>	<u>\$ -</u>	6,982,111
Investments measured at net asset value				<u>12,518,012</u>
Total investments at fair value				<u>\$ 19,500,123</u>

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Notes to Financial Statements September 30, 2025 and 2024

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2025 and 2024:

September 30, 2025	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Variable annuities in pooled separate accounts	<u>\$ 14,190,230</u>	<u>\$ -</u>	Daily	None
September 30, 2024	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Variable annuities in pooled separate accounts	<u>\$ 12,518,012</u>	<u>\$ -</u>	Daily	None

Each portfolio included in the pooled separate accounts has different investment objectives and risks. The portfolio prospectuses contain more detailed information on each portfolio's investment strategy. Generally, there are portfolios that seek high level of income with preservation of capital, long-term growth of capital and/or income, growth of capital, capital appreciation, and various combinations of each.

NOTE 5: RELATED PARTIES AND PARTIES-IN-INTEREST TRANSACTIONS

The Plan is invested in variable annuities in pooled separate accounts and a fixed interest account under a group annuity contract with MetLife. The Plan is also invested in variable annuities in pooled separate accounts and an interest accumulation account under a group annuity contract with Mutual of America. MetLife and Mutual of America are the insurance companies of the Plan. As a result, these investments and the related investment transactions qualify as party-in-interest transactions. Certain MetLife and Mutual of America fees incurred by the Plan are included in net appreciation in fair value of investments, as they are paid through revenue sharing rather than a direct payment.

The Plan incurs expenses related to general administration and record keeping. The Employer pays a portion of these and other Plan expenses. The Employer also performs certain administrative functions at no cost to the Plan. The Employer does not expect reimbursement for these expenses.

The Plan is charged fees and expenses through expense ratios charged by MetLife and Mutual of America to the Plan's various investment options. The investment expense ratios vary by fund and are reflected in the value of the investments held by the Plan. Investment related expenses are included in net appreciation in fair value of investments.

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Notes to Financial Statements September 30, 2025 and 2024

NOTE 6: PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their Employer matching contributions.

NOTE 7: TAX STATUS AND UNCERTAIN TAX POSITIONS

The Plan has adopted a Mutual of America Prototype 403(b) Thrift Plan Basic Plan Document. Mutual of America obtained an opinion letter from the Internal Revenue Service dated March 17, 2017, which indicated that the form of the Plan is acceptable under Section 403(b) of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

The Plan accounts for uncertain tax positions in accordance with the provisions of the FASB Codification Topic *Income Taxes*. FASB Codification Topic *Income Taxes* clarifies the accounting for uncertainty in income taxes and requires the Plan to recognize in their financial statements the impact of a tax position taken or expected to be taken in a tax return, if that position is more likely than not to be sustained under audit, based on the technical merits of the position. The Plan administrator has assessed the tax positions taken by the Plan and determined that no positions exist that require adjustment or disclosure under the provisions of FASB Codification Topic *Income Taxes*.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

NOTE 8: RISKS AND UNCERTAINTIES

The Plan provides for investments in various investment securities, which in general are exposed to certain risks, such as interest rate, credit, and overall market volatility 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 the participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Notes to Financial Statements September 30, 2025 and 2024

NOTE 9: CARES ACT DISTRIBUTIONS AND LOANS TO PARTICIPANTS

In response to the financial hardship faced by many individuals as a result of the COVID-19 pandemic, Congress enacted the CARES Act that allowed for certain temporary changes to 403(b) Plan distributions and loans to participants. Qualified individuals could take up to \$100,000 from their retirement accounts. These distributions were not subject to the usual 20% withholdings for federal taxes, age requirements, or notice rules. The tax burden for these distributions could be spread over three years, and the distributions could be repaid over three years. Qualified individuals could take larger loans from their retirement accounts. The maximum loan limit was increased to \$100,000. Loan repayments could be delayed for up to one year. Also, participants did not have to take required minimum distributions for 2020. Plan amendments for adoption of the provisions of the CARES Act are required to be made by December 31, 2026. The Plan has not yet been amended; however, it is Plan management's intent to amend the Plan prior to the due date.

NOTE 10: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements as of and for the years ended September 30, 2025 and 2024 to Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 21,767,120	\$ 19,517,097
Current year Employer contributions receivable	-	(21,182)
Current year participant contributions receivable	-	(22,511)
Prior year receivable from insurance company	(5,188)	-
Prior year receivable from insurance company received in current year	4,897	-
Prior year receivable from insurance company not received in current year	-	(5,188)
Current year excess contributions payable	-	31,907
Net assets per Form 5500	<u>\$ 21,766,829</u>	<u>\$ 19,500,123</u>
 Total additions per the financial statements	 \$ 3,225,922	
Prior year Employer contributions receivable	21,182	
Prior year participant contributions receivable	22,511	
Prior year excess Employer contributions payable	<u>(31,907)</u>	
Total additions per Form 5500	<u>\$ 3,237,708</u>	
 Total deductions per the financial statements	 \$ 975,899	
Prior year receivable from insurance company received in current year	<u>(4,897)</u>	
Total deductions per Form 5500	<u>\$ 971,002</u>	

**403(b) Thrift Plan for Employees of
KiBois Community Action Foundation, Inc.**

**Notes to Financial Statements
September 30, 2025 and 2024**

NOTE 11: SUBSEQUENT EVENTS

Management has evaluated subsequent events through March 25, 2026, the date that the financial statements were available to be issued.

Through September 30, 2025, participants could direct the investment of their contributions into the Plan's (1) MetLife investment options, (2) Mutual investment options, or (3) both MetLife and Mutual investment options. Effective October 1, 2025, the Plan was amended to limit MetLife continued participation to existing participants. Employees hired after October 1, 2025, will only be able to direct the investment of their contributions into the Plan's Mutual investment options.

Supplemental Information

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Schedule H, Line 4i – Schedule of Assets Held at End of Year
EIN 73-0770231, PN 002
September 30, 2025

(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) CURRENT VALUE
	Variable annuities in pooled separate accounts			
	American Funds	American Funds Vis Globe Small Cap CL 2	N/A	\$ 4
	American Funds	American Funds Aggressive Alloc Portfolio	N/A	2
	American Funds	American Funds Bond Fund of America CL 2	N/A	6
	American Funds	American Funds Growth Fund CL 2	N/A	1,538
	American Funds	American Funds Growth Income Fund 2	N/A	727
	BHFT	BHFT MetLife Aggregate Bond Index A	N/A	18,732
	BHFT	BHFT PIMCO Total Return CL A	N/A	3
	BHFT	BHFT T. Rowe Price Mid Cap Growth CL A	N/A	6
	BHFT	BHFT Western Asset Mgmt Strategic Bond	N/A	2
	BHFT	BHFT American Funds Balanced Allocation C	N/A	2
	BHFT	BHFT American Funds Moderate Allocation C	N/A	2
	BHFT	BHFT Baillie Gifford International CL A	N/A	454
	BHFT	BHFT BH/Franklin Low Duration Total Return B	N/A	3
	BHFT	BHFT BH/Wellington Large Cap Research A	N/A	34,119
	BHFT	BHFT Blackrock Bond Income CL A	N/A	1,218
	BHFT	BHFT Blackrock Capital Appreciation E	N/A	545
	BHFT	BHFT Brighthouse Asset Allocation 100 A	N/A	6,473
	BHFT	BHFT Brighthouse Asset Allocation 20 A	N/A	124,598
	BHFT	BHFT Brighthouse Asset Allocation 40 A	N/A	232,185
	BHFT	BHFT Brighthouse Asset Allocation 60 A	N/A	377,674
	BHFT	BHFT Brighthouse Asset Allocation 80 A	N/A	191,377
	BHFT	BHFT Brighthouse / Artisan Mid Cap Value A	N/A	3
	BHFT	BHFT Brighthouse/Wellington Balanced A	N/A	84,283
	BHFT	BHFT CBRE Global Real Estate Portfolio	N/A	2
	BHFT	BHFT Frontier Mid Cap Growth A	N/A	648
	BHFT	BHFT Harris Oakmark International CL E	N/A	2
	BHFT	BHFT Invesco Small Cap Growth Class E	N/A	2
	BHFT	BHFT Jennison Growth Class A	N/A	6
	BHFT	BHFT Loomis Sayles Small Cap Core A	N/A	4
	BHFT	BHFT Loomis Sayles Small Cap Growth A	N/A	4
	BHFT	BHFT MetLife Mid Cap Stock Index CL A	N/A	13,240
	BHFT	BHFT MetLife MSCI EAFE Index Class A	N/A	28,934
	BHFT	BHFT MetLife Russell 2000 Index	N/A	31,868
	BHFT	BHFT MetLife Stock Index CL A	N/A	430,141
	BHFT	BHFT MFS Research International CL A	N/A	2

See Independent Auditor's Report.

**403(b) Thrift Plan for Employees of
KiBois Community Action Foundation, Inc.**

Schedule H, Line 4i – Schedule of Assets Held at End of Year
EIN 73-0770231, PN 002
September 30, 2025

(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) CURRENT VALUE
	BHFT	BHFT MFS Total Return CL A	N/A	2
	BHFT	BHFT MFS Value Class A	N/A	2
	BHFT	BHFT Neuberger Berman Genesis CL A	N/A	2,398
	BHFT	BHFT PIMCO Inflation Protected Class E	N/A	3
	BHFT	BHFT SSGA Growth & Income ETF Class E	N/A	2
	BHFT	BHFT SSGA Growth EFT Class E	N/A	2
	BHFT	BHFT T. Rowe Price Large Cap Growth CL A	N/A	6,672
	BHFT	BHFT T. Rowe Price Small Cap Growth CL A	N/A	334
	BHFT	BHFT Western Asset Mgmt US Gov CL A	N/A	259
	BHFT	BHFTI Invesco Global Equity Portfolio	N/A	5
	BHFT	BHFTI Loomis Sayles Global Allocation B	N/A	2,429
	BHFT	BHFTI Loomis Sayles Growth Portfolio A	N/A	299,770
	BHFT	BHFTI Morgan Stanley Discovery Port A	N/A	293,057
	BHFT	BHFTT BH/Wellington Core Equity Opp CL A	N/A	3
	Calvert	Calvert VP SRI Balanced Portfolio CL 1	N/A	3,018
	Calvert	Calvert VP SRI Mid Cap Portfolio X	N/A	2,990
	Fidelity	Fidelity Investment Grade Bond	N/A	6
	Fidelity	Fidelity VIP Equity-Income	N/A	1,888
	Fidelity	Fidelity VIP Growth	N/A	214,930
	Fidelity	Freedom 2020 Portfolio	N/A	3
	Fidelity	Freedom 2025 Portfolio	N/A	2
	Fidelity	Freedom 2030 Portfolio	N/A	2
	Fidelity	Freedom 2035 Portfolio	N/A	4
	Fidelity	Freedom 2040 Portfolio	N/A	5,647
	Fidelity	Freedom 2045 Portfolio	N/A	4
	Fidelity	Freedom 2050 Portfolio	N/A	2
	MFS	MFS Value Portfolio Class E	N/A	4
	Victory Sycamore	Victory Sycamore Mid Cap Value Portfolio A	N/A	2
	American Century	Small Cap Growth Fund	N/A	2,319
	American Century	VP Capital Appreciation Fund	N/A	45,945
	American Funds	Insurance Series New World Fund	N/A	3,633
	Calvert	VP SRI Balanced Portfolio	N/A	323,897
	DWS	Capital Growth VIP	N/A	43,609
	Fidelity	VIP Asset Manager Portfolio	N/A	3,413
	Fidelity	VIP Contrafund Portfolio	N/A	17,506
	Fidelity	VIP Equity-Income Portfolio	N/A	88,695

See Independent Auditor's Report.

**403(b) Thrift Plan for Employees of
KiBois Community Action Foundation, Inc.**

Schedule H, Line 4i – Schedule of Assets Held at End of Year
EIN 73-0770231, PN 002
September 30, 2025

(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) CURRENT VALUE
	Fidelity	VIP Mid Cap Portfolio	N/A	3,260
	Goldman Sachs	VIT Small Cap Equity Insights	N/A	6,824
	Goldman Sachs	VIT US Equity Insights	N/A	4,949
	Invesco	V.I. Main Street	N/A	8,510
	Macquarie	VIP Small Cap Value Series	N/A	3,408
*	Mutual of America	Aggressive Allocation Fund	N/A	341,534
*	Mutual of America	All America Fund	N/A	4,448
*	Mutual of America	Balanced Fund	N/A	25,545
*	Mutual of America	Clear Passage 2020 Fund	N/A	343,354
*	Mutual of America	Clear Passage 2025 Fund	N/A	129,776
*	Mutual of America	Clear Passage 2030 Fund	N/A	1,879,372
*	Mutual of America	Clear Passage 2035 Fund	N/A	914,247
*	Mutual of America	Clear Passage 2040 Fund	N/A	572,671
*	Mutual of America	Clear Passage 2045 Fund	N/A	617,052
*	Mutual of America	Clear Passage 2050 Fund	N/A	770,307
*	Mutual of America	Clear Passage 2055 Fund	N/A	318,710
*	Mutual of America	Clear Passage 2060 Fund	N/A	732,298
*	Mutual of America	Clear Passage 2065 Fund	N/A	25,848
*	Mutual of America	Conservative Allocation Fund	N/A	500,754
*	Mutual of America	Core Bond Fund	N/A	34,473
*	Mutual of America	Equity Index Fund	N/A	811,632
*	Mutual of America	Intermediate Bond Fund	N/A	3,494
*	Mutual of America	International Fund	N/A	11,598
*	Mutual of America	Mid Cap Value Fund	N/A	113,437
*	Mutual of America	Moderate Allocation Fund	N/A	1,719,993
*	Mutual of America	Retirement Income Fund	N/A	35,809
*	Mutual of America	Small Cap Equity Index Fund	N/A	560
*	Mutual of America	Small Cap Growth Fund	N/A	573
*	Mutual of America	Small Cap Value Fund	N/A	67,019
*	Mutual of America	US Government Money Market Fund	N/A	3,554
	PIMCO	VIT Real Return Portfolio	N/A	70,254
	T Rowe Price	Blue Chip Growth Portfolio	N/A	1,070,919
	Vanguard	VIF Diversified Value Portfolio	N/A	4,970
	Vanguard	VIF International Portfolio	N/A	35,484
	Vanguard	VIF Real Estate Index Portfolio	N/A	18,358
	Vanguard	VIF Total Bond Market Index Portfolio	N/A	43,970
	Total Variable annuities in pooled separate accounts			14,190,230

See Independent Auditor's Report.

403(b) Thrift Plan for Employees of KiBois Community Action Foundation, Inc.

Schedule H, Line 4i – Schedule of Assets Held at End of Year
EIN 73-0770231, PN 002
September 30, 2025

(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) CURRENT VALUE
	Fixed interest accounts			
*	MetLife	Fixed Interest Account (Loan Collateral)	N/A	289,560
*	MetLife	Fixed Interest Account	N/A	5,007,034
	Total Fixed interest accounts			<u>5,296,594</u>
	Interest accumulation account			
*	Mutual of America	Interest Accumulation Account	N/A	<u>2,259,864</u>
	Total Investments			<u><u>\$ 21,746,688</u></u>
*	Notes receivable from participants	Interest rates from 8.50% to 9.00%; maturing through June 2030	-0-	<u><u>\$ 20,141</u></u>

* Indicates party-in-interest

NOTE: HISTORICAL COST INFORMATION

Disclosure of historical cost information with regard to certain plan investments is normally required to be presented in the Schedule of Assets Held at End of Year in accordance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This disclosure requirement, however, does not apply to plans whose investments are 100% participant directed; therefore, no cost information is reported in the above referenced schedule.

See Independent Auditor's Report.

Attachment to Oct2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Ki Bois Community Action Foundation, Inc.
EIN: 73-0770231
Plan Number: 002

(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	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		45,945
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Small Cap Growth R6		2,319
.	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		3,633
.	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		323,897
.	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		43,609
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager 50% Portfolio		3,413
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		17,506
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		88,695
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		3,260
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		6,824
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		4,949
.	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		8,510
.	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		0
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		341,534
.	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		4,448
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		25,545
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		0
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		343,354
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		129,776
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		1,879,372
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		914,247
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		572,671
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		617,052
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		770,307
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		318,710
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		732,298
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		25,848
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		500,754
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		34,473
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		811,632
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		3,494
.	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		11,598
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		0
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		113,437
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		1,719,993
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		35,809
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		560
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		573
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		67,019
.	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		3,554
.	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		2,259,864

Attachment to Oct2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Ki Bois Community Action Foundation, Inc.
EIN: 73-0770231
Plan Number: 002

.	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Quality Equity Portfolio		0
.	Mutual of America	GROUP ANNUITY CONTRACT Nomura VIP Small Cap Value Series		3,408
.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		70,254
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		1,070,919
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		4,970
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		35,484
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		18,358
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		43,970
.	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		0

FAIR VALUE MEASUREMENTS FOR FASB ASC 820

Kibois Community Action Foundation, Inc.

01-OCT-24 to 30-SEP-25

14-OCT-25 20:40:13

INV OPTION CODE	INV OPTION NAME	INV OPTION TYPE	SUGGESTED FASB ASC 820 CATEGORY CODE	TOTAL VALUE
IFIALN	FIXED INT ACCT(LOAN COLLATERAL)	Fixed Annuities	2	289,559.87
IFIA	FIXED INTEREST ACCOUNT	Fixed Annuities	2	5,007,033.90
IMETGS	AMERICAN FUNDS (R) VIS GLOB SM CAP CL 2	Variable Annuities	2	3.70
IMETGA	AMERICAN FUNDS AGGRESSIVE ALLOC PORT	Variable Annuities	2	2.12
IMETBF	AMERICAN FUNDS BOND FUND OF AMERICA-CL 2	Variable Annuities	2	5.96
IMETGO	AMERICAN FUNDS GROWTH FUND - CLASS 2	Variable Annuities	2	1,538.33
IMETTI	AMERICAN FUNDS GROWTH-INCOME FUND 2	Variable Annuities	2	727.18
IMETBI	BHFT METLIFE AGGREGATE BOND INDEX A	Variable Annuities	2	18,731.66
IMETTR	BHFT PIMCO TOTAL RETURN CLASS A	Variable Annuities	2	2.99
IMETMG	BHFT - T. ROWE PRICE MID CAP GROWTH CL A	Variable Annuities	2	5.68
IMETSB	BHFT - WESTERN ASSET MGMT STRAT BOND OPP	Variable Annuities	2	1.72
IMETBA	BHFT AMERICAN FUND BALANCED ALLOCATION C	Variable Annuities	2	2.03
IMETMA	BHFT AMERICAN FUND MODERATE ALLOCATION C	Variable Annuities	2	2.02
IMETIT	BHFT BAILLIE GIFFORD INTERNATIONAL CL A	Variable Annuities	2	454.56
IMETFT	BHFT BH/FRANKLIN LOW DURATION TOT RET B	Variable Annuities	2	3.16
IMETGRW	BHFT BH/WELLINGTON LARGE CAP RESEARCH A	Variable Annuities	2	34,118.98
IMETIB	BHFT BLACKROCK BOND INCOME - CLASS A	Variable Annuities	2	1,218.19
IMETAE	BHFT BLACKROCK CAPITAL APPRECIATION E	Variable Annuities	2	545.22
IMETNA	BHFT BRIGHTHOUSE ASSET ALLOCATION 100 A	Variable Annuities	2	6,472.79
IMETM1	BHFT BRIGHTHOUSE ASSET ALLOCATION 20 A	Variable Annuities	2	124,597.60
IMETM2	BHFT BRIGHTHOUSE ASSET ALLOCATION 40 A	Variable Annuities	2	232,184.90
IMETM3	BHFT BRIGHTHOUSE ASSET ALLOCATION 60 A	Variable Annuities	2	377,674.24
IMETM4	BHFT BRIGHTHOUSE ASSET ALLOCATION 80 A	Variable Annuities	2	191,377.02
IMETHV	BHFT BRIGHTHOUSE/ARTISAN MID CAP VALUE A	Variable Annuities	2	3.44
IMETDVS	BHFT BRIGHTHOUSE/WELLINGTON BALANCED A	Variable Annuities	2	84,283.03
IMETRT	BHFT CBRE GLOBAL REAL ESTATE PORTFOLIO	Variable Annuities	2	1.72
IMETAG	BHFT FRONTIER MID CAP GROWTH A	Variable Annuities	2	647.99
IMETIC	BHFT HARRIS OAKMARK INTERNATIONAL CL E	Variable Annuities	2	2.04
IMETAS	BHFT INVESCO SMALL CAP GROWTH CLASS E	Variable Annuities	2	1.88
IMETJE	BHFT JENNISON GROWTH CLASS A	Variable Annuities	2	5.86
IMETLS	BHFT LOOMIS SAYLES SMALL CAP CORE A	Variable Annuities	2	4.02
IMETSG	BHFT LOOMIS SAYLES SMALL CAP GROWTH A	Variable Annuities	2	3.72
IMETMX	BHFT METLIFE MID CAP STOCK INDEX CLASS A	Variable Annuities	2	13,239.82
IMETII	BHFT METLIFE MSCI EAFE INDEX - CLASS A	Variable Annuities	2	28,933.84
IMETRI	BHFT METLIFE RUSSELL 2000 INDEX PORT A	Variable Annuities	2	31,868.54
IMETESI	BHFT METLIFE STOCK INDEX CLASS A	Variable Annuities	2	430,141.45
IMETRL	BHFT MFS RESEARCH INTERNATIONAL CLASS A	Variable Annuities	2	1.98
IMETMT	BHFT MFS TOTAL RETURN CLASS A	Variable Annuities	2	1.94
IMETLV	BHFT MFS VALUE CLASS A	Variable Annuities	2	1.98
IMETAU	BHFT NEUBERGER BERMAN GENESIS CLASS A	Variable Annuities	2	2,398.44
IMETPI	BHFT PIMCO INFLATION PROTECTED CLASS E	Variable Annuities	2	3.00
IMETCI	BHFT SSGA GROWTH & INCOME ETF CLASS E	Variable Annuities	2	2.02
IMETCY	BHFT SSGA GROWTH ETF CLASS E	Variable Annuities	2	2.08
IMETLC	BHFT T ROWE PRICE LARGE CAP GROWTH A	Variable Annuities	2	6,671.59
IMETSC	BHFT T ROWE PRICE SMALL CAP GROWTH A	Variable Annuities	2	333.60
IMETGV	BHFT WESTERN ASSET MGMT US GOVERNMENT A	Variable Annuities	2	258.74
IMETFV	BHFTI INVESCO GLOBAL EQUITY PORTFOLIO	Variable Annuities	2	4.76
IMETL2	BHFTI LOOMIS SAYLES GLOBAL ALLOC PORT B	Variable Annuities	2	2,429.17
IMETJR	BHFTI LOOMIS SAYLES GROWTH PORTFOLIO A	Variable Annuities	2	299,770.37
IMETSM	BHFTI MORGAN STANLEY DISCOVERY PORT A	Variable Annuities	2	293,056.59
IMETVV	BHFTT BH/WELLINGTON CORE EQUITY OPP CL A	Variable Annuities	2	3.44

FAIR VALUE MEASUREMENTS FOR FASB ASC 820**Kibois Community Action Foundation, Inc.****01-OCT-24 to 30-SEP-25****14-OCT-25 20:40:13**

INV OPTION CODE	INV OPTION NAME	INV OPTION TYPE	SUGGESTED FASB ASC 820 CATEGORY CODE	TOTAL VALUE
1METESR	CALVERT VP SRI BALANCED PORTFOLIO CL I	Variable Annuities	2	3,017.80
1ARLAPP	CALVERT VP SRI MID CAP PORTFOLIO X	Variable Annuities	2	2,989.87
1FIDIGB	FIDELITY (R) INVESTMENT GRADE BOND	Variable Annuities	2	6.12
1FIDEQI	FIDELITY (R) VIP EQUITY-INCOME	Variable Annuities	2	1,887.84
1FIDGRW	FIDELITY (R) VIP GROWTH	Variable Annuities	2	214,929.93
1MET1R	FREEDOM 2020 PORTFOLIO	Variable Annuities	2	2.90
1METRA	FREEDOM 2025 PORTFOLIO	Variable Annuities	2	2.00
1METRB	FREEDOM 2030 PORTFOLIO	Variable Annuities	2	2.00
1METF4	FREEDOM 2035 PORTFOLIO	Variable Annuities	2	4.10
1METRF	FREEDOM 2040 PORTFOLIO	Variable Annuities	2	5,647.18
1METF6	FREEDOM 2045 PORTFOLIO	Variable Annuities	2	4.42
1METRH	FREEDOM 2050 PORTFOLIO	Variable Annuities	2	2.10
1METRR	MFS (R) VALUE PORTFOLIO - CLASS E	Variable Annuities	2	3.94
1METLA	VICTORY SYCAMORE MID CAP VAL PORT A	Variable Annuities	2	1.86
FASB ASC 820 CATEGORY CODE 2 SUB-TOTAL				7,708,842.93
PLAN TOTAL				7,708,842.93 **

** Participant Loans - reported separately as notes receivable from participants and not included in this total. Please refer to the Loan Summary for details.

** Forfeitures / Unallocated Plan Assets - For fund types and balances, please refer to the Forfeiture / Asset Holding Account report.

NOTE: The investments reported above include any investment in the plan record kept by the provider that had a value as of the report begin date, a value as of the report end date or any activity (e.g., purchases or sales) during the reporting period. The values reported above are the values used for plan and participant reporting purposes. These values do not factor in liquidation restrictions such as redemption fees, market timing fees or contract termination fees. Please refer to each investment's prospectus or contract for more information on any potential liquidation restrictions.