

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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) _____ ☐ 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 OF UNITED WAY FOR GREATER AUSTIN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 11/01/2008
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) UNITED WAY FOR GREATER AUSTIN 5930 MIDDLE FISKVILLE RD ATTN: 5TH FLOOR AUSTIN, TX 78752
2b	Employer Identification Number (EIN) 74-1193439
2c	Plan Sponsor's telephone number 512-472-6267
2d	Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/19/2026	ASHLEY MITCHELL
	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	5 185
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) 86 6a(2) 136 6b 0 6c 87 6d 223 6e 0 6f 223 6g(1) 6g(2) 171 6h 2
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 Characteristic Codes in the instructions:

2G 2J

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 403(B)THRIFT PLAN OF UNITED WAY FOR GREATER AUSTIN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WAY FOR GREATER AUSTIN	D Employer Identification Number (EIN) 74-1193439	

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.
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1 Coverage Information:

(a) Name of insurance carrier MUTUAL OF AMERICA SEC. CORP LLC
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(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	051133	0	01/01/2022	12/31/2022

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.
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(a) Total amount of commissions paid 0	(b) Total amount of fees paid 735
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid HOUSTON 3040 POST OAK BOULEVARD SUITE 1020 HOUSTON, TX 77056-6510
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	735	INCENTIVE COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

(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	244331
5 Current value of plan's interest under this contract in separate accounts at year end	5	1507156

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

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	234014
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c Additions: (1) Contributions deposited during the year	7c(1)	19896	
	7c(2)	0	
	7c(3)	2484	
	7c(4)	87	
	7c(5)	11503	

▶ 0

(6) Total additions	7c(6)	33970
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d Total of balance and additions (add lines 7b and 7c(6))	7d	267984
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1003	
	7e(2)	216	
	7e(3)	0	
	7e(4)	22434	

▶ 0

(5) Total deductions	7e(5)	23653
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	244331
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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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 403(B)THRIFT PLAN OF UNITED WAY FOR GREATER AUSTIN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WAY FOR GREATER AUSTIN	D Employer Identification Number (EIN) 74-1193439	

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

- 1 Information on Persons Receiving Only Eligible Indirect Compensation
- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282

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

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

NEUBERGER BERMAN	1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO	11 GREENWAY PLAZA STE. 2500 HOUSTON, TX 77046
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE	100 EAST PRATT STREET BALTIMORE, MD 21202
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD	100 VANGUARD BOULEVARD MALVERN, PA 19355
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENTS	P.O. BOX 419200 4500 MAIN STREET KANSAS CITY, MO 64141
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS	111 HUNTINGTON AVENUE BOSTON, MA 02199
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELAWARE FUNDS BY MACQUARIE	PO BOX 9876 PROVIDENCE, RI 02940
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY CAPITAL MANAGEMENT INC.	15935 LA CANTERA PARKWAY BUILDING TWO SAN ANTONIO, TX 78256
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

(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

(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)

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	623	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 ☐

(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 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>403(B)THRIFT PLAN OF UNITED WAY FOR GREATER AUSTIN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNITED WAY FOR GREATER AUSTIN</u>	D Employer Identification Number (EIN) <u>74-1193439</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA2

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA

c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1507156</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 403(B)THRIFT PLAN OF UNITED WAY FOR GREATER AUSTIN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WAY FOR GREATER AUSTIN	D Employer Identification Number (EIN) 74-1193439	

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

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	3879
(2) Participant contributions	1b(2)	0	60072
(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)	3127	2661
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	1724791	1507156
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	230887	241670
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1958805	1815438

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	1958805	1815438
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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)	24863	
(B) Participants	2a(1)(B)	213585	
(C) Others (including rollovers)	2a(1)(C)	956	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		239404
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)	0	
(F) Other	2b(1)(F)	2508	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2508
(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)		0
(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)		0

		(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)		-323993
(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		-82081

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	60663	
(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)		60663
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	623	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		623
j Total expenses. Add all expense amounts in column (b) and enter total	2j		61286

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-143367
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **MAXWELL LOCKE & RITTER LLP**

(2) EIN: **74-2900215**

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.)	☒	☐	378166
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 _____.



403(b) Thrift Plan of United Way for Greater Austin

**Financial Statements as of
December 31, 2023, 2022, 2021, 2020, and 2019
and for the Years Ended
December 31, 2023, 2022, 2021, and 2020 and
Independent Auditors' Report**

MAXWELL LOCKE & RITTER LLP | Accounting & Advisory

AUSTIN 401 Congress Avenue, Suite 2000, Austin, TX 78701

ROUND ROCK 411 West Main Street, Suite 300, Round Rock, TX 78664

MLRPC.COM

Independent Auditors' Report

To the Administrator and Participants of the
403(b) Thrift Plan of United Way for Greater Austin:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audits of the 2020-2023 Financial Statements

We have performed audits of the accompanying financial statements of the 403(b) Thrift Plan of United Way for Greater Austin (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 December 31, 2023, 2022, 2021, and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements ("2020-2023 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 2020-2023 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2023, 2022, 2021, and 2020, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2020-2023 Financial Statements

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the 2020-2023 Financial Statements section:

- the amounts and disclosures in the 2020-2023 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").
- the information in the 2020-2023 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2020-2023 Financial Statements

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 Auditors' Responsibilities for the Audits of the 2020-2023 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 2020-2023 Financial Statements

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

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

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

Auditors' Responsibilities for the Audits of the 2020-2023 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits of the 2020-2023 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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.
- 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 2020-2023 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 U.S. GAAP.

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 U.S. GAAP.

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 Matter - 2020-2023 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule of Assets Held at End of Year and Schedule of Delinquent Participant Contributions as of or for the years ended December 31, 2023, 2022, 2021, and 2020, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Other Matter - Auditors' Report on the 2019 Financial Statements

The financial statements of the Plan as of December 31, 2019 were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the 2019 audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated December 18, 2024 indicated that in their opinion (a) the amounts and disclosures in the 2019 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with U.S. GAAP, and (b) the information in the 2019 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2019 supplemental schedules, other than the information in the 2019 supplemental schedules that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2019 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Maxwell Locke & Ritter LLP

Austin, Texas
October 14, 2025

403(b) Thrift Plan of United Way for Greater Austin

Statements of Net Assets Available for Benefits December 31, 2023, 2022, 2021, 2020, and 2019

	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>
Assets					
Investments:					
Investments at fair value	\$ 2,223,929	\$ 1,507,156	\$ 1,724,791	\$ 1,463,896	\$ 1,691,029
Investments at contract value	<u>284,517</u>	<u>244,331</u>	<u>234,014</u>	<u>224,303</u>	<u>260,151</u>
Total investments	2,508,446	1,751,487	1,958,805	1,688,199	1,951,180
Receivables:					
Participant contributions receivable	-	60,072	-	-	10,054
Employer contributions receivable	<u>-</u>	<u>3,879</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total receivables	-	63,951	-	-	10,054
Net Assets Available for Benefits	<u><u>\$ 2,508,446</u></u>	<u><u>\$ 1,815,438</u></u>	<u><u>\$ 1,958,805</u></u>	<u><u>\$ 1,688,199</u></u>	<u><u>\$ 1,961,234</u></u>

See notes to financial statements.

403(b) Thrift Plan of United Way for Greater Austin

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2023, 2022, 2021, and 2020

	2023	2022	2021	2020
Additions (Reductions) to Net Assets Attributed to:				
Contributions:				
Participant	\$ 338,984	\$ 213,585	\$ 154,041	\$ 115,047
Employer, net of forfeitures	72,410	24,863	-	-
Rollover	31,332	956	-	-
Total contributions	442,726	239,404	154,041	115,047
Investment gain (loss):				
Net appreciation (depreciation) in fair value of investments	301,884	(323,993)	239,635	191,124
Interest income	5,059	2,508	3,604	3,492
Total investment gain (loss), net	306,943	(321,485)	243,239	194,616
Total additions (reductions), net	749,669	(82,081)	397,280	309,663
Deductions from Net Assets Attributed to:				
Benefits paid to participants	55,744	60,663	125,795	581,862
Administrative expenses	917	623	879	836
Total deductions	56,661	61,286	126,674	582,698
Net increase (decrease) in net assets available for benefits	693,008	(143,367)	270,606	(273,035)
Net Assets Available for Benefits:				
Beginning of year	1,815,438	1,958,805	1,688,199	1,961,234
End of year	\$ 2,508,446	\$ 1,815,438	\$ 1,958,805	\$ 1,688,199

See notes to financial statements.

403(b) Thrift Plan of United Way for Greater Austin

Notes to Financial Statements

Years Ended December 31, 2023, 2022, 2021, and 2020

1. Description of Plan

The following brief description of the 403(b) Thrift Plan of United Way for Greater Austin (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General - The Plan is a defined contribution plan covering substantially all employees of United Way for Greater Austin (“United Way ATX”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Mutual of America Life Insurance Company is the Plan’s custodian (the “Custodian”) and United Way ATX management personnel act as the administrator of the Plan.

Eligibility - Employees are eligible to participate in the Plan and make employee deferral contributions immediately. Participants who are at least twenty-one years of age are eligible to receive employer base contributions and, effective October 1, 2022, employer matching contributions on the first day of the month following the completion of one year of service, as defined. Certain employee classes are excluded from participation in the Plan, as defined.

Contributions - Participants may authorize United Way ATX to withhold pre-tax contributions up to the annual limit established by the Internal Revenue Code (“IRC”). Participants who reach fifty years of age before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing pre-tax distributions from other qualified retirement plans or individual retirement accounts.

Effective October 1, 2022, United Way ATX made employer matching contributions equal to 100% of the first 2% of contributed compensation. United Way ATX may also make a discretionary employer base contribution, although it was not elected for the four years ended December 31, 2023.

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

Participant Accounts - Each participant’s account is credited with the participant’s contributions, employer contributions and an allocation of Plan earnings, and may be charged with an allocation of Plan expenses, as applicable. Allocations are based on participant earnings, 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 balance.

Plan Loans - Plan loans are issued directly from the Custodian and not from a participant's account; therefore, they are not reported within the statements of net assets available for benefits. Plan loans are secured by a loan reserve held in a portion of the participant's account allocated to the Mutual of America Interest Accumulation Account equal to 120% of the loan amount. Participants may generally borrow a minimum of \$1,000 and up to a maximum of 50% of their participant contribution account balance if there are sufficient funds available for the loan reserve. Plan loans bear a reasonable rate of interest, and loan repayments are deducted through after-tax payroll deductions over a period not to exceed five years, unless the loan is for the purchase of a participant's primary residence, in which case the repayment period may not exceed ten years. Loan principal repayments reduce the amount of the loan reserve and increase the funds available to the participant. Outstanding Plan loan balances were as follows as of December 31:

2023	\$ 14,061
2022	2,583
2021	3,127
2020	4,662
2019	5,554

Vesting - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants are 100% vested in the employer contributions plus actual earnings thereon after three years of credited service, as defined. Participants may also become fully vested upon reaching retirement age, if they become disabled while employed with United Way ATX, terminate employment due to death, or die while performing qualified military service, as defined.

Payment of Benefits - Benefits are generally payable upon age 59.5, disability, death, retirement or termination of employment. Benefits equal to the participant's vested account balance may be paid to a participant or beneficiary by lump sum, annuity, or rollover into a qualified plan, subject to regulatory requirements. Required minimum distributions are made to applicable participants in the absence of adequate distribution elections. Generally, if no longer employed by United Way ATX, participants must either take a lump sum distribution or begin systematic, actuarially determined withdrawals by April 1 of the year following the year in which the participant turns 73 years of age (an increase from 72 years of age effective January 1, 2023). The Plan administrator may, without the participants' consent, distribute separated participants' account balances that are less than \$1,000 in a lump sum. In-service distributions of rollover contributions may be taken at any time. Other in-service distributions, including hardship distributions, are permitted if certain criteria are met.

Spousal Consent - A Plan loan or distribution request generally requires spousal consent prior to approval if a married participant has a vested account balance that exceeds \$5,000 when the request is made.

Forfeitures - Forfeitures by participants of unvested employer contributions may be used to pay administrative expenses and reduce future employer contributions. Forfeitures totaling \$7,690 and \$3,950 were used to reduce employer matching contributions during the years ended December 31, 2023 and 2022, respectively. The forfeiture balances were as follows as of December 31:

2023	\$ 167
2022	7,667
2021	11,484
2020	11,374
2019	11,266

Current Legislation - The SECURE 2.0 Act of 2022 (“SECURE 2.0”), signed into law on December 29, 2022, makes significant changes to existing law for retirement plans. SECURE 2.0 introduces new requirements and considerations for plan sponsors that are intended to expand coverage, increase savings, preserve income and simplify plan rules and administrative procedures. Each of the provisions in SECURE 2.0 has its own effective date, and any SECURE 2.0 amendments must be adopted by the Plan no later than December 31, 2026, although it may operate under the new provisions as required or elected prior to amending the Plan document. United Way ATX is currently evaluating the impact of the remaining required and voluntary provisions of SECURE 2.0 on the Plan and its participants.

2. Significant Accounting Policies

Basis of Accounting - The Plan’s financial statements are prepared on the accrual basis of accounting.

Accounting Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”) requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan’s valuation policies utilizing information provided by the Custodian. 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 (depreciation) includes the Plan’s gains and losses on investments bought and sold, as well as held, during the Plan year.

Contributions Receivable - Contributions from participants and any related employer matching contributions are recorded in the year in which the participant contributions are withheld from compensation. United Way ATX recognizes an allowance for credit losses based on factors such as the age of the contribution receivable balance, historical experience, current economic conditions, and reasonable and supportable forecasts. There was no allowance for estimated credit losses recorded as management deemed the outstanding contribution receivable balances collectible.

Benefits Paid to Participants - Benefits are recorded when paid.

Expenses and Revenue Sharing - United Way ATX may pay certain administrative and operating costs of the Plan at no obligation to the Plan. Fees related to the administration of Plan loans and certain other fees paid to service providers are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses, such as management fees and operating expenses, are deducted from earnings recorded to net appreciation (depreciation) in fair value of investments.

The Plan has revenue sharing arrangements whereby certain investment managers return a portion of the investment fees to the Custodian. These amounts are used by the Custodian to offset the Plan's administrative expenses or to allocate to participant accounts, as defined, with any excess amounts held in an unallocated account to be used in future years. There was no unallocated account balance as of December 31, 2023, 2022, 2021, 2020, and 2019.

Risks and Uncertainties - Financial instruments which potentially subject the Plan to concentrations of credit risk consist primarily of investment securities in which the Plan invests. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Plan Termination - Although it has not expressed any intent to do so, United Way ATX 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 the employer contribution portion of their accounts.

Subsequent Events - United Way ATX evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued, and no events have occurred through that date that would impact the financial statements.

3. Information Certified by the Custodian

Certain information in the accompanying financial statements, notes and supplemental schedules related to the Plan's investments held as of December 31, 2023, 2022, 2021, 2020, and 2019, and the related net investment gain (loss) during the four years ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by the Custodian, a qualified institution.

4. Fair Value Measurements

The Plan follows a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The 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.

The three levels of the fair value hierarchy are described as follows:

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

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; and 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2023, 2022, 2021, 2020, and 2019.

Pooled separate accounts: Separate accounts are accounts maintained by an insurance company that are used for the collective investment of funds from multiple employee benefit plans. The fair values of these investments have been estimated using the net asset values per unit as a practical expedient, as provided by the insurance company, and are based on the fair value of the underlying assets of each separate account less accrued operating expenses. This practical expedient would not be used if it is determined to be probable that the insurance company will sell the investments for an amount different from the reported net asset values. There are no restrictions on redemptions, units may be redeemed daily, and there are no unfunded commitments.

The Plan's investments at fair value as of December 31, 2023, 2022, 2021, 2020, and 2019 are measured at net asset value; therefore, they are not leveled within the fair value hierarchy. The following table details the fair value of the separate accounts by class as of December 31:

	2023	2022	2021	2020	2019
Target date	\$ 591,238	\$ 260,465	\$ 272,458	\$ 246,527	\$ 198,420
Large U.S. equity	539,252	350,791	426,306	348,040	333,723
Asset allocation	416,145	343,068	402,771	339,095	376,334
Fixed income	261,026	205,209	204,624	175,808	135,199
Mid U.S. equity	239,785	207,157	235,856	188,221	335,323
Small U.S. equity	125,718	104,532	138,557	121,416	156,274
International	42,711	30,358	36,256	38,130	143,866
Real estate	6,333	3,915	6,308	5,141	4,913
Money market	1,721	1,661	1,655	1,518	4,977
Investments at fair value	<u>\$ 2,223,929</u>	<u>\$ 1,507,156</u>	<u>\$ 1,724,791</u>	<u>\$ 1,463,896</u>	<u>\$ 1,691,029</u>

The investment strategies for each class are as follows:

Target date: This asset class is designed to provide a balance of growth, income, and capital conservation through a mix of equity and fixed income exposures based on a participant's age and projected retirement date, adjusting asset allocations and associated risk levels with the objective of becoming more conservative as the target date approaches.

Large U.S. equity: This asset class is designed to invest in equity securities of large-capitalization U.S. companies to provide long-term growth with relatively stable earnings.

Asset allocation: This asset class seeks to achieve as high a total return over time as is considered consistent with prudent investment risk, preservation of capital, and recognition of the fund's stated asset allocation.

Fixed income: This asset class seeks current income by broadly investing in fixed income securities through various sectors of the bond market.

Mid U.S. equity: This asset class pursues a balance of growth and stability by investing in equity securities of mid-capitalization U.S. companies.

Small U.S. equity: This asset class pursues higher growth potential by investing in equity securities of small-capitalization U.S. companies, which may involve greater volatility.

International: This asset class seeks to provide exposure to non-U.S. markets by investing in equity securities of foreign or multinational companies for diversification and potential growth.

Real estate: This asset class seeks income and potential capital appreciation through investments in real estate-related assets such as real estate investment trusts.

Money market: This asset class is designed to preserve capital and provide liquidity by investing in short-term, high-quality debt instruments.

5. Investments at Contract Value

The Plan invests in a traditional, fully benefit-responsive investment contract with the Custodian (or “Issuer”), the Mutual of America Interest Accumulation Account (the “Account”), where the Issuer maintains the contributions in a general account. The Account is included in the financial statements at contract value, as presented in the statements of net assets available for benefits. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, transfers and administrative expenses. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

The contract’s crediting interest rate is based on an agreed-upon formula with the Issuer, as defined, but cannot be less than 0%. The terms of the contract prohibit a transfer or an assignment of rights under the contract, as defined, and provide for most distributions at contract value, frequent resetting of contractual interest rates based upon market conditions, and no defined maturities. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. The Plan’s ability to receive amounts due is dependent on the Issuer’s ability to meet its financial obligations, which may be affected by future economic or regulatory developments. There are no reserves against contract value for credit risk of the Issuer or otherwise.

Generally, there are no events that limit the ability of the Plan to transact at contract value with the Issuer. However, the Issuer reserves the right to defer payment for up to six months in the event of contract termination by United Way ATX. The Plan or the Custodian can terminate the contract by providing written notice to the other party thirty days prior to the termination date. If the contract was terminated, interest would not be less than the minimum interest rate established in the investment contract.

6. Tax Status

United Way ATX has adopted a prototype plan document from the Custodian that received an Internal Revenue Service (“IRS”) opinion letter dated March 31, 2017, stating that the form of the prototype plan document was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since adopting the prototype plan document, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified.

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

7. Party-in-Interest and Related Party Transactions

Plan investments are units of pooled separate accounts and a general account held by the Custodian or its affiliates. Fees earned by the Custodian and its affiliates are included in administrative expenses and net appreciation (depreciation) in fair value of investments. Certain investment managers return a portion of the investment fees to the Custodian or its affiliates, which are used to offset administrative expenses or to allocate to participant accounts, as defined. Transactions such as these qualify as exempt party-in-interest transactions. United Way ATX pays directly certain other fees related to the Plan's operations.

8. Prohibited Transactions

During the 2017 through 2023 Plan years, United Way ATX failed to remit certain participant contributions and Plan loan payments on a timely basis. These funds were remitted to the Plan and Custodian, respectively, after the required timeframe established by the Department of Labor; however, United Way ATX has yet to remit lost earnings for the affected participants.

Supplemental Schedules

403(b) Thrift Plan of United Way for Greater Austin

Schedule H, Line 4i - Schedule of Assets Held at End of Year December 31, 2023

Employer identification number - 74-1193439

Plan number - 003

(a)	(b) Identity of issue, 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
*	Mutual of America Aggressive Allocation Fund	separate account	**	\$ 325,830
*	Mutual of America Interest Accumulation Account	general account	**	284,517
*	Vanguard VIF Total Bond Market Index Portfolio	separate account	**	210,515
*	Mutual of America Mid Cap Equity Index Fund	separate account	**	195,972
*	Mutual of America Equity Index Fund	separate account	**	161,917
*	Mutual of America Clear Passage 2045 Fund	separate account	**	152,014
*	T. Rowe Price Blue Chip Growth Portfolio	separate account	**	125,465
*	Mutual of America Clear Passage 2060 Fund	separate account	**	89,080
*	Mutual of America Small Cap Growth Fund	separate account	**	83,169
*	Mutual of America Clear Passage 2050 Fund	separate account	**	78,910
*	Mutual of America Clear Passage 2040 Fund	separate account	**	70,878
*	Invesco Oppenheimer V.I. Main Street Fund	separate account	**	61,939
*	Fidelity VIP Contrafund Portfolio	separate account	**	61,833
*	Mutual of America Clear Passage 2030 Fund	separate account	**	54,172
*	Mutual of America Clear Passage 2035 Fund	separate account	**	48,786
*	Fidelity VIP Equity-Income Portfolio	separate account	**	48,303
*	Mutual of America Moderate Allocation Fund	separate account	**	45,262
*	Mutual of America Clear Passage 2055 Fund	separate account	**	43,731
*	DWS Capital Growth VIP Fund	separate account	**	42,103
*	Mutual of America Core Bond Fund	separate account	**	40,345
*	Mutual of America Clear Passage 2065 Fund	separate account	**	39,286
*	Mutual of America All America Fund	separate account	**	37,692
*	Mutual of America Small Cap Value Fund	separate account	**	34,520
*	Vanguard VIF Diversified Value Portfolio	separate account	**	21,974
*	Vanguard VIF International Portfolio	separate account	**	21,684
*	Mutual of America International Fund	separate account	**	20,440
*	Fidelity VIP Asset Manager Portfolio	separate account	**	15,078
*	Calvert VP SRI Balanced Portfolio	separate account	**	12,787
*	American Century Investments VP Capital Appreciation Fund	separate account	**	11,543
*	Mutual of America Conservative Allocation Fund	separate account	**	11,177
*	Mutual of America Retirement Income Fund	separate account	**	9,704
*	Mutual of America Mid Cap Value Fund	separate account	**	9,074
*	Mutual of America Intermediate Bond Fund	separate account	**	9,042
*	Victory RS Small Cap Growth Equity VIP Series	separate account	**	8,029
*	Vanguard VIF Real Estate Index Portfolio	separate account	**	6,333
*	Mutual of America Balanced Fund	separate account	**	6,011
*	Mutual of America Clear Passage 2020 Fund	separate account	**	4,384
*	Mutual of America Money Market Fund	separate account	**	1,721
*	Fidelity VIP Mid Cap Portfolio	separate account	**	1,222
*	PIMCO VIT Real Return Portfolio	separate account	**	1,124
*	American Funds Insurance Series New World Fund	separate account	**	587
*	Mutual of America Clear Passage 2025 Fund	separate account	**	293

* Denotes a party-in-interest as defined by ERISA.

** Cost information is not required for participant-directed investments and has been excluded.

403(b) Thrift Plan of United Way for Greater Austin

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions Year Ended December 31, 2023

Employer identification number - 74-1193439

Plan number - 003

Participant Contributions Transferred Late to Plan		Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Year	Check Here if Late Participant Loan Repayments Are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2023	✓	\$ 35,724			
2022	✓	\$ 98,682			
2021	✓	\$ 70,976			
2020	✓	\$ 39,747			
2019		\$ 24,431			
2018		\$ 52,716			
2017		\$ 91,614			

403(b) Thrift Plan of United Way for Greater Austin

Schedule H, Line 4i - Schedule of Assets Held at End of Year December 31, 2022

Employer identification number - 74-1193439

Plan number - 003

(a)	(b) Identity of issue, 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
*	Mutual of America Aggressive Allocation Fund	separate account	**	\$ 278,786
*	Mutual of America Interest Accumulation Account	general account	**	244,331
*	Mutual of America Mid-Cap Equity Index Fund	separate account	**	162,285
*	Vanguard VIF Total Bond Market Index Portfolio	separate account	**	157,094
*	Mutual of America Equity Index Fund	separate account	**	107,170
*	Mutual of America 2045 Retirement Fund	separate account	**	98,843
*	T. Rowe Price Blue Chip Growth Portfolio	separate account	**	72,617
*	Mutual of America Small Cap Growth Fund	separate account	**	69,598
*	Fidelity VIP Contrafund Portfolio	separate account	**	44,596
*	Fidelity VIP Equity-Income Portfolio	separate account	**	41,649
*	Mutual of America Bond Fund	separate account	**	36,394
*	Invesco Oppenheimer V.I. Main Street Fund	separate account	**	35,647
*	Mutual of America 2050 Retirement Fund	separate account	**	32,004
*	Mutual of America Small Cap Value Fund	separate account	**	31,745
*	Mutual of America All America Fund	separate account	**	29,052
*	Mutual of America 2040 Retirement Fund	separate account	**	26,719
*	Mutual of America 2060 Retirement Fund	separate account	**	25,249
*	Mutual of America 2035 Retirement Fund	separate account	**	23,602
*	Mutual of America 2055 Retirement Fund	separate account	**	23,575
*	Mutual of America Moderate Allocation Fund	separate account	**	23,360
*	DWS Capital Growth VIP Fund	separate account	**	20,060
*	Vanguard VIF Diversified Value Portfolio	separate account	**	19,025
*	Mutual of America International Fund	separate account	**	17,231
*	Fidelity VIP Asset Manager Portfolio	separate account	**	16,460
*	American Century Investments VP Capital Appreciation Fund	separate account	**	16,224
*	Mutual of America 2030 Retirement Fund	separate account	**	13,504
*	Vanguard VIF International Portfolio	separate account	**	12,935
*	Calvert VP SRI Balanced Portfolio	separate account	**	11,052
*	Mutual of America Mid-Term Bond Fund	separate account	**	10,632
*	Mutual of America Mid Cap Value Fund	separate account	**	8,550
*	Mutual of America Retirement Income Fund	separate account	**	8,407
*	Mutual of America Conservative Allocation Fund	separate account	**	8,146
*	Mutual of America 2065 Retirement Fund	separate account	**	5,579
*	Mutual of America Composite Fund	separate account	**	5,264
*	Vanguard VIF Real Estate Index Portfolio	separate account	**	3,915
*	Victory RS Small Cap Growth Equity VIP Series	separate account	**	3,189
*	Mutual of America 2020 Retirement Fund	separate account	**	2,723
*	Mutual of America Money Market Fund	separate account	**	1,661
*	PIMCO VIT Real Return Portfolio	separate account	**	1,089
*	Fidelity VIP Mid Cap Portfolio	separate account	**	1,073
*	Mutual of America 2025 Retirement Fund	separate account	**	260
*	American Funds Insurance Series New World Fund	separate account	**	192

* Denotes a party-in-interest as defined by ERISA.

** Cost information is not required for participant-directed investments and has been excluded.

403(b) Thrift Plan of United Way for Greater Austin

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions Year Ended December 31, 2022

Employer identification number - 74-1193439

Plan number - 003

Participant Contributions Transferred Late to Plan		Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Year	Check Here if Late Participant Loan Repayments Are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2022	✓	\$ 98,682			
2021	✓	\$ 70,976			
2020	✓	\$ 39,747			
2019		\$ 24,431			
2018		\$ 52,716			
2017		\$ 91,614			

403(b) Thrift Plan of United Way for Greater Austin

Schedule H, Line 4i - Schedule of Assets Held at End of Year December 31, 2021

Employer identification number - 74-1193439

Plan number - 003

(a)	(b) Identity of issue, 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
*	Mutual of America Aggressive Allocation Fund	separate account	**	\$ 332,963
*	Mutual of America Interest Accumulation Account	general account	**	234,014
*	Mutual of America Mid-Cap Equity Index Fund	separate account	**	185,085
*	Vanguard VIF Total Bond Market Index Portfolio	separate account	**	150,773
*	Mutual of America 2045 Retirement Fund	separate account	**	132,940
*	Mutual of America Equity Index Fund	separate account	**	126,627
*	T. Rowe Price Blue Chip Growth Portfolio	separate account	**	101,494
*	Mutual of America Small Cap Growth Fund	separate account	**	101,108
*	Fidelity VIP Contrafund Portfolio	separate account	**	60,113
*	Fidelity VIP Equity-Income Portfolio	separate account	**	43,051
*	Mutual of America Bond Fund	separate account	**	39,799
*	Invesco Oppenheimer V.I. Main Street Fund	separate account	**	36,569
*	Mutual of America Small Cap Value Fund	separate account	**	35,545
*	Mutual of America All America Fund	separate account	**	34,320
*	Mutual of America 2050 Retirement Fund	separate account	**	30,187
*	Mutual of America Moderate Allocation Fund	separate account	**	25,104
*	Mutual of America 2055 Retirement Fund	separate account	**	24,344
*	DWS Capital Growth VIP Fund	separate account	**	24,132
*	Mutual of America 2040 Retirement Fund	separate account	**	21,267
*	Mutual of America International Fund	separate account	**	19,565
*	Mutual of America 2030 Retirement Fund	separate account	**	18,414
*	Mutual of America 2035 Retirement Fund	separate account	**	17,591
*	Fidelity VIP Asset Manager Portfolio	separate account	**	17,421
*	Vanguard VIF International Portfolio	separate account	**	16,562
*	Vanguard VIF Diversified Value Portfolio	separate account	**	16,168
*	LVIP American Century Capital Appreciation Fund	separate account	**	15,798
*	Mutual of America 2060 Retirement Fund	separate account	**	13,572
*	Calvert VP SRI Balanced Portfolio	separate account	**	13,226
*	Mutual of America Mid Cap Value Fund	separate account	**	9,662
*	Mutual of America Intermediate Bond Fund	separate account	**	9,284
*	Mutual of America Conservative Allocation Fund	separate account	**	8,019
*	Mutual of America Retirement Income Fund	separate account	**	7,222
*	American Century Investments VP Capital Appreciation Fund	separate account	**	6,924
*	Vanguard VIF Real Estate Index Portfolio	separate account	**	6,308
*	Mutual of America Balanced Fund	separate account	**	6,038
*	Mutual of America Clear Passage 2020 Fund	separate account	**	2,913
*	Mutual of America Mid-Term Bond Fund	separate account	**	2,341
*	Fidelity VIP Mid Cap Portfolio	separate account	**	2,219
*	Mutual of America Clear Passage 2030 Fund	separate account	**	1,914
*	Victory RS Small Cap Growth Equity VIP Series	separate account	**	1,904
*	Mutual of America Money Market Fund	separate account	**	1,655
*	PIMCO VIT Real Return Portfolio	separate account	**	1,245
*	Mutual of America Core Bond Fund	separate account	**	1,182
*	Mutual of America Clear Passage 2040 Fund	separate account	**	957
*	Mutual of America 2020 Retirement Fund	separate account	**	834
*	Mutual of America 2025 Retirement Fund	separate account	**	303
*	American Funds Insurance Series New World Fund	separate account	**	129

* Denotes a party-in-interest as defined by ERISA.

** Cost information is not required for participant-directed investments and has been excluded.

403(b) Thrift Plan of United Way for Greater Austin

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions Year Ended December 31, 2021

Employer identification number - 74-1193439

Plan number - 003

Participant Contributions Transferred Late to Plan		Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Year	Check Here if Late Participant Loan Repayments Are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2021	✓	\$ 70,976			
2020	✓	\$ 39,747			
2019		\$ 24,431			
2018		\$ 52,716			
2017		\$ 91,614			

403(b) Thrift Plan of United Way for Greater Austin

Schedule H, Line 4i - Schedule of Assets Held at End of Year December 31, 2020

Employer identification number - 74-1193439

Plan number - 003

(a)	(b) Identity of issue, 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
*	Mutual of America Aggressive Allocation Fund	separate account	**	\$ 283,435
*	Mutual of America Interest Accumulation Account	general account	**	224,303
*	Mutual of America Mid-Cap Equity Index Fund	separate account	**	144,588
*	Vanguard VIF Total Bond Market Index Portfolio	separate account	**	119,402
*	Mutual of America 2045 Retirement Fund	separate account	**	99,820
*	Mutual of America Equity Index Fund	separate account	**	92,556
*	Mutual of America Small Cap Growth Fund	separate account	**	91,418
*	T. Rowe Price Blue Chip Growth Portfolio	separate account	**	91,174
*	Mutual of America 2030 Retirement Fund	separate account	**	55,393
*	Fidelity VIP Contrafund Portfolio	separate account	**	51,766
*	Mutual of America Bond Fund	separate account	**	43,345
*	Fidelity VIP Equity-Income Portfolio	separate account	**	39,552
*	Mutual of America Small Cap Value Fund	separate account	**	29,551
*	Mutual of America 2040 Retirement Fund	separate account	**	29,289
*	Mutual of America All America Fund	separate account	**	26,200
*	DWS Capital Growth VIP Fund	separate account	**	23,876
*	Invesco Oppenheimer V.I. Main Street Fund	separate account	**	22,916
*	American Century Investments VP Capital Appreciation Fund	separate account	**	20,559
*	Mutual of America Moderate Allocation Fund	separate account	**	19,386
*	Mutual of America 2050 Retirement Fund	separate account	**	19,020
*	Vanguard VIF International Portfolio	separate account	**	18,388
*	Mutual of America International Fund	separate account	**	17,895
*	Mutual of America 2055 Retirement Fund	separate account	**	15,124
*	Fidelity VIP Asset Manager Portfolio	separate account	**	13,737
*	Mutual of America 2035 Retirement Fund	separate account	**	13,052
*	Mutual of America Mid-Term Bond Fund	separate account	**	11,977
*	Calvert VP SRI Balanced Portfolio	separate account	**	11,644
*	Vanguard VIF Diversified Value Portfolio	separate account	**	11,173
*	Mutual of America Mid Cap Value Fund	separate account	**	7,260
*	Mutual of America 2060 Retirement Fund	separate account	**	6,385
*	Mutual of America Conservative Allocation Fund	separate account	**	5,658
*	Mutual of America Composite Fund	separate account	**	5,235
*	Vanguard VIF Real Estate Index Portfolio	separate account	**	5,141
*	Mutual of America Retirement Income Fund	separate account	**	4,725
*	Fidelity VIP Mid Cap Portfolio	separate account	**	4,641
*	Mutual of America 2020 Retirement Fund	separate account	**	3,446
*	American Funds Insurance Series New World Fund	separate account	**	1,847
*	Mutual of America Money Market Fund	separate account	**	1,518
*	PIMCO VIT Real Return Portfolio	separate account	**	1,084
*	Victory RS Small Cap Growth Equity VIP Series	separate account	**	447
*	Mutual of America 2025 Retirement Fund	separate account	**	273

* Denotes a party-in-interest as defined by ERISA.

** Cost information is not required for participant-directed investments and has been excluded.

403(b) Thrift Plan of United Way for Greater Austin

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions Year Ended December 31, 2020

Employer identification number - 74-1193439

Plan number - 003

Participant Contributions Transferred Late to Plan		Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Year	Check Here if Late Participant Loan Repayments Are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2020	✓	\$ 39,747			
2019		\$ 24,431			
2018		\$ 52,716			
2017		\$ 91,614			

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 403(B)Thrift Plan of United Way for Greater Austin		B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WAY FOR GREATER AUSTIN		D Employer Identification Number (EIN) 74-1193439
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____