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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                            |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022 |                                                                                                                                                                                                                                                                                                                                                                            |
| A                                                                                          | This return/report is for: <div><input type="checkbox"/> a multiemployer plan<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<input checked="" type="checkbox"/> a single-employer plan<input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is: <div><input type="checkbox"/> the first return/report<input type="checkbox"/> the final return/report<input type="checkbox"/> an amended return/report<input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                  |
| D                                                                                          | Check box if filing under: <div><input checked="" type="checkbox"/> Form 5558<input type="checkbox"/> automatic extension<input type="checkbox"/> the DFVC program<input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                   |

|         |                                                                                                                                                                                                                                                                                                                                 |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                          |
| 1a      | Name of plan<br>THE HOME OF GUIDING HANDS 403(B) PLAN                                                                                                                                                                                                                                                                           |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                              |
| 1c      | Effective date of plan<br>01/01/1977                                                                                                                                                                                                                                                                                            |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>HOME OF GUIDING HANDS<br><br>1908 FRIENDSHIP DRIVE<br>EL CAJON, CA 92020 |
| 2b      | Employer Identification Number (EIN)<br>95-6058273                                                                                                                                                                                                                                                                              |
| 2c      | Plan Sponsor's telephone number<br>619-938-2850                                                                                                                                                                                                                                                                                 |
| 2d      | Business code (see instructions)<br>624100                                                                                                                                                                                                                                                                                      |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 04/11/2023 | MARY RUVALCABA                                               |
|           | 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                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 314 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 297 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 287 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 307 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 307 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 103 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2M 2T 3D                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>THE HOME OF GUIDING HANDS 403(B) PLAN                                                                                                                                                      | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HOME OF GUIDING HANDS                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br>95-6058273                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64 65               | RECORDKEEPER                                                                                      | 2670                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning <span style="color: blue;">07/01/2021</span> and ending <span style="color: blue;">06/30/2022</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">THE HOME OF GUIDING HANDS 403(B) PLAN</span>                                                               | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">001</span> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">HOME OF GUIDING HANDS</span>                                       | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">95-6058273</span> |                                       |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1a                            |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1b(1)                         |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1b(2)                         |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1b(3)                         |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1c(1)                         | 6712                  | 9329            |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1c(2)                         |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c(3)(A)                      |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c(3)(B)                      |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c(4)(A)                      |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(4)(B)                      |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1c(5)                         |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1c(6)                         |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1c(7)                         |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1c(8)                         | 52509                 | 42100           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1c(9)                         |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1c(10)                        |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(11)                        |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(12)                        |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1c(13)                        | 6117332               | 4895415         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(14)                        |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1c(15)                        |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                 |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 6176553 4946844 |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                 |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                 |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                 |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0             |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f).....                  | <b>1l</b>             | 6176553 4946844 |

**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.

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 107799    |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 378929    |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 10385     |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 497113    |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> | 9         |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> | 2548      |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 2557      |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 616576    |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 616576    |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | -1593637  |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | -477391   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 732883     |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 732883    |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 16765     |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  | 2670       |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 2670      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 752318    |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -1229709  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: MAYER HOFFMAN MCCANN P.C.

(2) EIN: 43-1947695

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                 | No                 | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                 |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                        | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                         |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                      |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                  | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                    |                     |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                             |                     |                    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                              |                     |                    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                    |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                                                                                                        |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     |                    |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                             |                     |                    |        |
| <b>5b</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)                                                                                                                                                                                    |                     |                    |        |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                    | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
| <b>5c</b> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. |                     |                    |        |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

|                                                                                        |                                                             |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>THE HOME OF GUIDING HANDS 403(B) PLAN                         | <b>B</b> Three-digit plan number (PN) ►<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HOME OF GUIDING HANDS | <b>D</b> Employer Identification Number (EIN)<br>95-6058273 |

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

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

|                                                                                                                                                                                                                                                             |          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0 |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-2647786 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |   |

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

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

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

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

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

Schedule R (Form 5500) 2021  
v. 201209

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

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 \_\_\_\_\_



# **The Home of Guiding Hands 403(b) Plan**

Financial Statements and Supplemental Schedule  
June 30, 2022 and 2021



# **The Home of Guiding Hands 403(b) Plan**

## **Contents**

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### **Financial Statements**

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### **Supplemental Schedule \***

|                                                                |       |
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| Schedule H, line 4i – Schedule of Assets (Held at End of Year) | 17-19 |
|----------------------------------------------------------------|-------|

\* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



## INDEPENDENT AUDITORS' REPORT

To the Audit Committee  
**The Home of Guiding Hands 403(b) Plan**  
El Cajon, California

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed the audit of the financial statements of The Home of Guiding Hands (“the Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”). The financial statements comprise the statement of net assets available for benefits as of June 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Disclaimer of Opinion on the 2022 Financial Statements

We do not express an opinion on the accompanying 2022 financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2022 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.



### **Basis for Disclaimer of Opinion on the 2022 Financial Statements**

As described in Note 2, the Plan has excluded from investments in the accompanying statement of net assets available for benefits as of June 30, 2022 certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the accompanying statement of changes in net assets available for benefits for the year ended June 30, 2022. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

### **Responsibilities of Management for the 2022 Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2022 financial statements are issued or 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 Audit of the 2022 Financial Statements**

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matter described in the Basis for Disclaimer of Opinion on the 2022 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.



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

The supplemental schedule of schedule H, line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other

records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2022 Financial Statements section, it is inappropriate to and we do not express an opinion on the supplemental schedule.

### **Other Matter - Auditors' Report on the 2021 Financial Statements**

We were engaged to audit the 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institution.

The Plan has excluded from the 2021 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the 2021 financial statements. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the 2021 financial statements.

In our report dated January 27, 2022, we indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements.

*Mayer Hoffman McCann P.C.*

San Diego, California  
April 6, 2023

# The Home of Guiding Hands 403(b) Plan

## Statements of Net Assets Available for Benefits

| <i>June 30,</i>                    | <b>2022</b>  | 2021         |
|------------------------------------|--------------|--------------|
| <b>Assets</b>                      |              |              |
| Investments                        | \$ 4,904,744 | \$ 6,124,044 |
| Receivables:                       |              |              |
| Notes receivable from participants | 42,100       | 52,509       |
| Total receivables                  | 42,100       | 52,509       |
| Net Assets Available for Benefits  | \$ 4,946,844 | \$ 6,176,553 |

*The accompanying notes are an integral part of these financial statements.*

# The Home of Guiding Hands 403(b) Plan

## Statement of Changes in Net Assets Available for Benefits

*Year Ended June 30, 2022*

### **Additions to Net Assets**

Investment income:

|                        |    |         |
|------------------------|----|---------|
| Interest and dividends | \$ | 616,585 |
|------------------------|----|---------|

|                         |  |         |
|-------------------------|--|---------|
| Total investment income |  | 616,585 |
|-------------------------|--|---------|

|                                                       |  |       |
|-------------------------------------------------------|--|-------|
| Interest income on notes receivable from participants |  | 2,548 |
|-------------------------------------------------------|--|-------|

Contributions:

|                        |  |         |
|------------------------|--|---------|
| Employee contributions |  | 378,929 |
|------------------------|--|---------|

|                        |  |         |
|------------------------|--|---------|
| Employer contributions |  | 107,799 |
|------------------------|--|---------|

|                        |  |        |
|------------------------|--|--------|
| Rollover contributions |  | 10,385 |
|------------------------|--|--------|

|                 |  |           |
|-----------------|--|-----------|
| Total additions |  | 1,116,246 |
|-----------------|--|-----------|

### **Deductions from Net Assets**

|                                               |  |           |
|-----------------------------------------------|--|-----------|
| Net depreciation in fair value of investments |  | 1,593,637 |
|-----------------------------------------------|--|-----------|

|                               |  |         |
|-------------------------------|--|---------|
| Benefits paid to participants |  | 749,648 |
|-------------------------------|--|---------|

|          |  |       |
|----------|--|-------|
| Expenses |  | 2,670 |
|----------|--|-------|

|                  |  |           |
|------------------|--|-----------|
| Total deductions |  | 2,345,955 |
|------------------|--|-----------|

|                                                        |  |                    |
|--------------------------------------------------------|--|--------------------|
| <b>Net Change in Net Assets Available for Benefits</b> |  | <b>(1,229,709)</b> |
|--------------------------------------------------------|--|--------------------|

|                                                               |  |                  |
|---------------------------------------------------------------|--|------------------|
| <b>Net Assets Available for Benefits at Beginning of Year</b> |  | <b>6,176,553</b> |
|---------------------------------------------------------------|--|------------------|

|                                                         |           |                  |
|---------------------------------------------------------|-----------|------------------|
| <b>Net Assets Available for Benefits at End of Year</b> | <b>\$</b> | <b>4,946,844</b> |
|---------------------------------------------------------|-----------|------------------|

*The accompanying notes are an integral part of these financial statements.*

# The Home of Guiding Hands 403(b) Plan

## Notes to Financial Statements

---

### (1) Description of the Plan

The following description of The Home of Guiding Hands 403(b) Plan (“Plan”) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

#### *General*

The Home of Guiding Hands 403(b) Plan was established on January 1, 1977 to enable eligible employees to make pre-tax contributions to the Plan, thereby providing employees with an opportunity to accumulate funds for their retirement.

The Plan is a defined contribution plan established and sponsored by Home of Guiding Hands (“Organization”). The Plan covers substantially all employees of the Organization and is administered by the Organization. The Plan Custodian, Fidelity Management Trust Company (“Custodian”), has the authority and responsibility for the management and investment of plan assets.

The Plan is administered by the Company’s Investment Committee (“Committee”), which is a committee of the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Plan’s Board of Trustees.

#### *Eligibility*

All employees are eligible to participate in the Plan for elective deferral purposes on the first day of employment. An employee who is customarily employed on a part-time, temporary, or irregular basis for less than 20 hours per week is an eligible employee only after completing a year of service in which the employee completes at least 1,000 hours of service, as defined by the Plan Document.

To be eligible for a matching contribution, the employee must complete at least 1,000 hours of service during a Plan year. Participants must be at least 18 years of age to be eligible for a matching contribution. Employees who meet both requirements (age 18 and 1 year of service) will be eligible for the matching contribution for the next payroll period.

#### *Contributions*

Participants may elect to have the Organization contribute their eligible pre-tax compensation to the Plan, up to the amount allowable under the Plan Document and current income tax regulations. Participants who elect to have the Organization contribute a portion of their

# **The Home of Guiding Hands**

## **403(b) Plan**

### **Notes to Financial Statements**

---

#### *Contributions, cont'd*

compensation to the Plan agree to accept an equivalent reduction in taxable compensation. Contributions withheld are invested in accordance with the participant's direction. The Plan provides that the Organization may elect to make matching contributions. The Organization made contributions totaling \$107,799 during the year ended June 30, 2022.

#### *Participant investment account options*

The Plan currently offers various mutual funds and money market funds. Each investment option has its own investment strategy, which can be obtained through the prospectus of the respective fund. Participants may change their investment options at any time.

#### *Vesting*

Employees are 100% vested, immediately, in their elective deferrals, the employer match and all earnings.

#### *Notes receivable from participants*

The Plan allows participants to borrow against their vested balances. Loans may not be made for less than \$1,000 and may not exceed the lesser of \$50,000 or 50% of a participant's vested balance. Loan repayment periods may not exceed five years except loans used to acquire a principal residence. In such case, a reasonable repayment period shall be established. Interest rates are equal to 1% above the prime rate. Principal and interest is paid ratably through payroll deductions.

#### *Benefit payments*

Upon termination of service due to death, disability, or retirement, a participant (or beneficiary) may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account, or annual installments over a period. For termination of service for other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution.

Participants may withdraw any or all of their vested account balances at any time during the Plan year provided certain hardship conditions, as defined in the Plan Document, have been met.

# The Home of Guiding Hands

## 403(b) Plan

### Notes to Financial Statements

---

#### *Plan termination*

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan must be allocated among the participants and beneficiaries of the Plan in the order provided for by ERISA.

## **(2) Summary of Significant Accounting Policies**

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements is as follows:

#### *Basis of accounting*

The Plan uses the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

The Plan has excluded from investments in the accompanying statements of net assets available for benefits, certain contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. GAAP requires that these accounts and the related income and distributions be included in the accompanying financial statements. The effects of these excluded contracts and custodial accounts and the related income and distributions on the financial statements are not reasonably determinable.

#### *Use of estimates*

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

#### *Notes receivable from participants*

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2022.

# The Home of Guiding Hands

## 403(b) Plan

### Notes to Financial Statements

---

#### *Payment of benefits*

Benefits are recorded when paid.

#### *Administrative expenses*

Certain expenses of the Plan are paid by the Company and are not included in the statements of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

#### *Investment valuation and income recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment custodian.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

#### *Fair value measurements*

The Financial Accounting Standards Board ("FASB") establishes authoritative guidance on fair value measurements, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 – Valuation is based upon quoted prices in active markets for identical assets or liabilities.

Level 2 – Valuation is based upon other significant observable inputs (including quoted prices for similar assets or liabilities in active markets, identical or similar assets or liabilities in inactive markets, and inputs other than quoted prices that are observable for the asset or liability). 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.

# The Home of Guiding Hands

## 403(b) Plan

### Notes to Financial Statements

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#### *Fair value measurements, cont'd*

Level 3 – Valuation is based upon significant unobservable inputs, including the reporting entity's own assumptions in determining the fair value of investments.

The inputs or methodology used for valuing securities are not necessarily an indication of risk associated with investing in those securities.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at June 30, 2022 and 2021.

Mutual funds and money market funds: Valued at the net asset value ("NAV") of shares held by the Plan at the end of the period.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2022 and 2021:

#### Investments at Fair Value as of June 30, 2022

|                                        | <b>Level 1</b>      |
|----------------------------------------|---------------------|
| Mutual Funds                           | \$ 4,895,415        |
| Money Market                           | 9,329               |
| <b>Total Investments at Fair Value</b> | <b>\$ 4,904,744</b> |

#### Investments at Fair Value as of June 30, 2021

|                                        | <b>Level 1</b>      |
|----------------------------------------|---------------------|
| Mutual Funds                           | \$ 6,117,332        |
| Money Market                           | 6,712               |
| <b>Total Investments at Fair Value</b> | <b>\$ 6,124,044</b> |

# The Home of Guiding Hands

## 403(b) Plan

### Notes to Financial Statements

#### *Market volatility*

On January 30, 2020, the World Health Organization (“WHO”) announced a global health emergency because of the coronavirus (the “COVID-19 outbreak”) creating risks to the international community as the virus spread globally. On March 11, 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. As a result, there has been heightened market risk and the Plan’s investment portfolio has experienced significant volatility in fair value since June 30, 2022. Because the values of the Plan’s individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and the related impact on the Plan’s liquidity cannot be determined at this time.

#### **(3) Information Certified by the Plan’s Custodian (Unaudited)**

The following is a summary of the unaudited information regarding the Plan as of June 30, 2022 and 2021 and for the year then ended, included in the Plan’s financial statements and supplemental schedule that were prepared by or derived from information prepared by the Custodian and furnished to the Plan administrator.

The Plan administrator has obtained certifications from the Custodian that such information is complete and accurate.

|                                                             | <b>2022</b>  |
|-------------------------------------------------------------|--------------|
| Statements of changes in net assets available for benefits: |              |
| Investment income (loss) of investments at fair value:      |              |
| Interest and Dividends                                      | \$ 616,585   |
| Net depreciation in fair value of investments               | (1,593,637)  |
| Total investment income (loss)                              | \$ (977,052) |

In addition to the information certified above, the following is also certified by the Custodian:

- Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).
- All investment balances and investment information, except for the classification of investments by level in Note 2.
- Interest income on notes receivable from participants.

# The Home of Guiding Hands

## 403(b) Plan

### Notes to Financial Statements

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#### **(3) Information Certified by the Plan's Custodian (Unaudited), Cont'd**

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

#### **(4) Party-In-Interest Transactions**

Certain Plan assets are invested in Custodian accounts. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. The Plan paid certain expenses related to the Plan's operation and investment activity to various service providers. These transactions qualify as party-in-interest transactions. Members of the Plan's Investment Committee also participate in the Plan.

#### **(5) Risks, Uncertainties and Concentrations**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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.

At June 30, 2022, approximately 18.4% and 13.1% of the Plan's investments were invested in Fidelity Freedom 2020 Fund and Fidelity Freedom 2040 Fund, respectively. At June 30, 2021, approximately 17.3%, 14.9%, 14.9%, and 11.6% of the Plan's investments were invested in Fidelity Freedom 2020 Fund, Fidelity Freedom 2025 Fund, Fidelity Freedom 2030 Fund, and Fidelity Freedom 2040, respectively.

#### **(6) Tax Status**

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the IRS in *Revenue Procedure 2007-71* or the draft *Listing of Required Modifications* issued on April 4, 2009. The Plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). The Plan administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the IRC and, therefore, believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

# **The Home of Guiding Hands 403(b) Plan**

## **Notes to Financial Statements**

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### **(7) Subsequent Events**

The date through which subsequent events have been considered by the Organization for these financial statements is April 6, 2023, the date the financial statements were issued. No significant matters were identified for disclosure during this evaluation.

# **The Home of Guiding Hands 403(b) Plan**

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**Supplemental Schedule**

# The Home of Guiding Hands

## 403(b) Plan

### Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-6058273 Plan #001

*June 30, 2022*

| (a) | (b)<br>Identity of Issue, Borrower, Lessor<br>or Similar Party | (c)<br>Description of investment, including<br>maturity date, rate of interest,<br>collateral, par, or maturity value. | (d)<br>Cost ** | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
| *   | FIDELITY FREEDOM 2020                                          | Mutual Fund                                                                                                            | **             | \$ 903,326              |
| *   | FIDELITY FREEDOM 2040                                          | Mutual Fund                                                                                                            | **             | \$ 642,046              |
| *   | FIDELITY FREEDOM 2025                                          | Mutual Fund                                                                                                            | **             | \$ 487,685              |
| *   | FIDELITY FREEDOM 2030                                          | Mutual Fund                                                                                                            | **             | \$ 463,417              |
| *   | FIDELITY FREEDOM 2015                                          | Mutual Fund                                                                                                            | **             | \$ 295,485              |
| *   | FIDELITY FREEDOM 2045                                          | Mutual Fund                                                                                                            | **             | \$ 258,176              |
| *   | FIDELITY OTC PORTFOLIO                                         | Mutual Fund                                                                                                            | **             | \$ 191,184              |
| *   | FIDELITY FREEDOM 2035                                          | Mutual Fund                                                                                                            | **             | \$ 189,450              |
| *   | FIDELITY 500 INDEX                                             | Mutual Fund                                                                                                            | **             | \$ 155,571              |
| *   | FIDELITY SEL RETAILING                                         | Mutual Fund                                                                                                            | **             | \$ 110,465              |
| *   | FIDELITY FDM IDX 2020 IPR                                      | Mutual Fund                                                                                                            | **             | \$ 108,210              |
| *   | FIDELITY FREEDOM 2050                                          | Mutual Fund                                                                                                            | **             | \$ 102,737              |
| *   | FIDELITY BALANCED                                              | Mutual Fund                                                                                                            | **             | \$ 82,029               |
| *   | FIDELITY SM CAP DISCOVERY                                      | Mutual Fund                                                                                                            | **             | \$ 79,089               |
| *   | FIDELITY FDM IDX 2045 IPR                                      | Mutual Fund                                                                                                            | **             | \$ 68,747               |
| *   | FIDELITY SEL TRANSPORT                                         | Mutual Fund                                                                                                            | **             | \$ 60,856               |
| *   | FIDELITY EXTD MKT IDX                                          | Mutual Fund                                                                                                            | **             | \$ 57,805               |
| *   | FIDELITY FREEDOM 2055                                          | Mutual Fund                                                                                                            | **             | \$ 52,357               |
| *   | FIDELITY TOTAL MKT IDX                                         | Mutual Fund                                                                                                            | **             | \$ 47,012               |
| *   | FIDELITY FREEDOM 2010                                          | Mutual Fund                                                                                                            | **             | \$ 45,721               |
| *   | FIDELITY INTL INDEX                                            | Mutual Fund                                                                                                            | **             | \$ 40,886               |
| *   | FIDELITY LT TR BD IDX                                          | Mutual Fund                                                                                                            | **             | \$ 39,925               |
| *   | FIDELITY INTM TR BD IDX                                        | Mutual Fund                                                                                                            | **             | \$ 34,299               |
| *   | FIDELITY CAPITAL & INCOME                                      | Mutual Fund                                                                                                            | **             | \$ 33,342               |
| *   | FIDELITY BLUE CHIP GR                                          | Mutual Fund                                                                                                            | **             | \$ 33,234               |
| *   | FIDELITY US BOND IDX                                           | Mutual Fund                                                                                                            | **             | \$ 21,483               |
| *   | FIDELITY ST TR BD IDX                                          | Mutual Fund                                                                                                            | **             | \$ 19,958               |
| *   | FIDELITY TREND                                                 | Mutual Fund                                                                                                            | **             | \$ 16,912               |
| *   | FIDELITY INFL PR BD IDX                                        | Mutual Fund                                                                                                            | **             | \$ 16,074               |
| *   | FIDELITY SEL BIOTECH                                           | Mutual Fund                                                                                                            | **             | \$ 12,637               |
| *   | FIDELITY GLB EX US IDX                                         | Mutual Fund                                                                                                            | **             | \$ 12,596               |
| *   | FIDELITY SEL MED TECH&DV                                       | Mutual Fund                                                                                                            | **             | \$ 12,051               |

# The Home of Guiding Hands

## 403(b) Plan

### Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-6058273 Plan #001

June 30, 2022

| (a) | (b)<br>Identity of Issue, Borrower, Lessor<br>or Similar Party | (c)<br>Description of investment, including<br>maturity date, rate of interest,<br>collateral, par, or maturity value. | (d)<br>Cost ** | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
| *   | FIDELITY FDM IDX 2055 IPR                                      | Mutual Fund                                                                                                            | **             | \$ 11,644               |
| *   | FIDELITY SEL TECHNOLOGY                                        | Mutual Fund                                                                                                            | **             | \$ 9,921                |
| *   | FIDELITY FREEDOM INCOME                                        | Mutual Fund                                                                                                            | **             | \$ 9,472                |
| *   | FIDELITY GOVT MMKT                                             | Money Market                                                                                                           | **             | \$ 9,329                |
| *   | FIDELITY SEL GOLD                                              | Mutual Fund                                                                                                            | **             | \$ 9,151                |
| *   | FIDELITY EQUITY INC                                            | Mutual Fund                                                                                                            | **             | \$ 8,668                |
| *   | FIDELITY SMALL CAP GROWTH                                      | Mutual Fund                                                                                                            | **             | \$ 7,803                |
| *   | FIDELITY NASDAQ COMP INDX                                      | Mutual Fund                                                                                                            | **             | \$ 7,718                |
| *   | FIDELITY SEL CONS DISCR                                        | Mutual Fund                                                                                                            | **             | \$ 6,872                |
| *   | FIDELITY CONVERTIBLE SEC                                       | Mutual Fund                                                                                                            | **             | \$ 6,503                |
| *   | FIDELITY EMERGING ASIA                                         | Mutual Fund                                                                                                            | **             | \$ 6,103                |
| *   | FIDELITY CAPITAL APPREC                                        | Mutual Fund                                                                                                            | **             | \$ 5,728                |
| *   | FIDELITY SM CAP ENH INDX                                       | Mutual Fund                                                                                                            | **             | \$ 5,378                |
| *   | FIDELITY NEW MARKETS INC                                       | Mutual Fund                                                                                                            | **             | \$ 5,081                |
| *   | FIDELITY FOCUSED STOCK                                         | Mutual Fund                                                                                                            | **             | \$ 4,983                |
| *   | FIDELITY CONTRAFUND                                            | Mutual Fund                                                                                                            | **             | \$ 4,857                |
| *   | FIDELITY GROWTH DISC                                           | Mutual Fund                                                                                                            | **             | \$ 4,753                |
| *   | FIDELITY INTL SM CAP OPP                                       | Mutual Fund                                                                                                            | **             | \$ 4,641                |
| *   | FIDELITY FDM IDX 2030 IPR                                      | Mutual Fund                                                                                                            | **             | \$ 4,569                |
| *   | FIDELITY FREEDOM 2060                                          | Mutual Fund                                                                                                            | **             | \$ 4,563                |
| *   | FIDELITY SEL WIRELESS                                          | Mutual Fund                                                                                                            | **             | \$ 4,527                |
| *   | FIDELITY SEL TEC HARDWARE                                      | Mutual Fund                                                                                                            | **             | \$ 4,422                |
| *   | FIDELITY SEL AUTOMOTIVE                                        | Mutual Fund                                                                                                            | **             | \$ 4,399                |
| *   | FIDELITY SEL SOFTWARE                                          | Mutual Fund                                                                                                            | **             | \$ 4,209                |
| *   | FIDELITY NEW MILLEN                                            | Mutual Fund                                                                                                            | **             | \$ 4,141                |
| *   | FIDELITY LARGE CAP STOCK                                       | Mutual Fund                                                                                                            | **             | \$ 4,088                |
| *   | FIDELITY SEL IT SERVICES                                       | Mutual Fund                                                                                                            | **             | \$ 3,826                |
| *   | FIDELITY FUND                                                  | Mutual Fund                                                                                                            | **             | \$ 3,683                |
| *   | FIDELITY INTL SMALL CAP                                        | Mutual Fund                                                                                                            | **             | \$ 3,615                |
| *   | FIDELITY GROWTH & INC                                          | Mutual Fund                                                                                                            | **             | \$ 3,587                |
| *   | FIDELITY CHINA REGION                                          | Mutual Fund                                                                                                            | **             | \$ 3,405                |
| *   | FIDELITY SEL DEFENSE                                           | Mutual Fund                                                                                                            | **             | \$ 3,233                |
| *   | FIDELITY MID CAP VALUE                                         | Mutual Fund                                                                                                            | **             | \$ 3,122                |
| *   | FIDELITY HIGH INCOME                                           | Mutual Fund                                                                                                            | **             | \$ 2,908                |
| *   | FIDELITY TOTAL EMERG MKTS                                      | Mutual Fund                                                                                                            | **             | \$ 2,432                |
| *   | FIDELITY LC CORE ENH INDX                                      | Mutual Fund                                                                                                            | **             | \$ 2,106                |
| *   | FIDELITY GLB COMDTY STK                                        | Mutual Fund                                                                                                            | **             | \$ 1,847                |

# The Home of Guiding Hands

## 403(b) Plan

### Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-6058273 Plan #001

*June 30, 2022*

| (a) | (b)<br>Identity of Issue, Borrower, Lessor<br>or Similar Party | (c)<br>Description of investment, including<br>maturity date, rate of interest,<br>collateral, par, or maturity value. | (d)<br>Cost ** | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
| *   | FIDELITY MID CAP IDX                                           | Mutual Fund                                                                                                            | **             | \$ 1,711                |
| *   | FIDELITY INTL CAP APPREC                                       | Mutual Fund                                                                                                            | **             | \$ 1,541                |
| *   | FIDELITY SHORT TERM BOND                                       | Mutual Fund                                                                                                            | **             | \$ 1,525                |
| *   | FIDELITY SEL INDUSTRIALS                                       | Mutual Fund                                                                                                            | **             | \$ 1,488                |
| *   | FIDELITY REAL ESTATE INC                                       | Mutual Fund                                                                                                            | **             | \$ 1,479                |
| *   | FIDELITY SEL HEALTHCARE                                        | Mutual Fund                                                                                                            | **             | \$ 1,108                |
| *   | FIDELITY TOTAL BOND                                            | Mutual Fund                                                                                                            | **             | \$ 1,053                |
| *   | FIDELITY FDM IDX 2035 IPR                                      | Mutual Fund                                                                                                            | **             | \$ 819                  |
| *   | FIDELITY MAGELLAN                                              | Mutual Fund                                                                                                            | **             | \$ 760                  |
| *   | FIDELITY EMRG MKTS IDX                                         | Mutual Fund                                                                                                            | **             | \$ 530                  |
| *   | FIDELITY SEL HTH CARE SVC                                      | Mutual Fund                                                                                                            | **             | \$ 365                  |
| *   | FIDELITY SEL SEMICONDUCT                                       | Mutual Fund                                                                                                            | **             | \$ 280                  |
| *   | FIDELITY LOW PRICED STK                                        | Mutual Fund                                                                                                            | **             | \$ 17                   |
| *   | FIDELITY SEL CHEMICALS                                         | Mutual Fund                                                                                                            | **             | \$ 16                   |
| *   | Notes receivable from participants                             | 4.25% - 6.50%                                                                                                          | \$ -           | \$ 42,100               |

\* Represents a party-in-interest.

\*\* Cost omitted as allowed for participant-directed transactions under an individual account plan.

# The Home of Guiding Hands

## 403(b) Plan

### Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-6058273 Plan #001

*June 30, 2022*

| (a) | (b)<br>Identity of Issue, Borrower, Lessor<br>or Similar Party | (c)<br>Description of investment, including<br>maturity date, rate of interest,<br>collateral, par, or maturity value. | (d)<br>Cost ** | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
| *   | FIDELITY FREEDOM 2020                                          | Mutual Fund                                                                                                            | **             | \$ 903,326              |
| *   | FIDELITY FREEDOM 2040                                          | Mutual Fund                                                                                                            | **             | \$ 642,046              |
| *   | FIDELITY FREEDOM 2025                                          | Mutual Fund                                                                                                            | **             | \$ 487,685              |
| *   | FIDELITY FREEDOM 2030                                          | Mutual Fund                                                                                                            | **             | \$ 463,417              |
| *   | FIDELITY FREEDOM 2015                                          | Mutual Fund                                                                                                            | **             | \$ 295,485              |
| *   | FIDELITY FREEDOM 2045                                          | Mutual Fund                                                                                                            | **             | \$ 258,176              |
| *   | FIDELITY OTC PORTFOLIO                                         | Mutual Fund                                                                                                            | **             | \$ 191,184              |
| *   | FIDELITY FREEDOM 2035                                          | Mutual Fund                                                                                                            | **             | \$ 189,450              |
| *   | FIDELITY 500 INDEX                                             | Mutual Fund                                                                                                            | **             | \$ 155,571              |
| *   | FIDELITY SEL RETAILING                                         | Mutual Fund                                                                                                            | **             | \$ 110,465              |
| *   | FIDELITY FDM IDX 2020 IPR                                      | Mutual Fund                                                                                                            | **             | \$ 108,210              |
| *   | FIDELITY FREEDOM 2050                                          | Mutual Fund                                                                                                            | **             | \$ 102,737              |
| *   | FIDELITY BALANCED                                              | Mutual Fund                                                                                                            | **             | \$ 82,029               |
| *   | FIDELITY SM CAP DISCOVERY                                      | Mutual Fund                                                                                                            | **             | \$ 79,089               |
| *   | FIDELITY FDM IDX 2045 IPR                                      | Mutual Fund                                                                                                            | **             | \$ 68,747               |
| *   | FIDELITY SEL TRANSPORT                                         | Mutual Fund                                                                                                            | **             | \$ 60,856               |
| *   | FIDELITY EXTD MKT IDX                                          | Mutual Fund                                                                                                            | **             | \$ 57,805               |
| *   | FIDELITY FREEDOM 2055                                          | Mutual Fund                                                                                                            | **             | \$ 52,357               |
| *   | FIDELITY TOTAL MKT IDX                                         | Mutual Fund                                                                                                            | **             | \$ 47,012               |
| *   | FIDELITY FREEDOM 2010                                          | Mutual Fund                                                                                                            | **             | \$ 45,721               |
| *   | FIDELITY INTL INDEX                                            | Mutual Fund                                                                                                            | **             | \$ 40,886               |
| *   | FIDELITY LT TR BD IDX                                          | Mutual Fund                                                                                                            | **             | \$ 39,925               |
| *   | FIDELITY INTM TR BD IDX                                        | Mutual Fund                                                                                                            | **             | \$ 34,299               |
| *   | FIDELITY CAPITAL & INCOME                                      | Mutual Fund                                                                                                            | **             | \$ 33,342               |
| *   | FIDELITY BLUE CHIP GR                                          | Mutual Fund                                                                                                            | **             | \$ 33,234               |
| *   | FIDELITY US BOND IDX                                           | Mutual Fund                                                                                                            | **             | \$ 21,483               |
| *   | FIDELITY ST TR BD IDX                                          | Mutual Fund                                                                                                            | **             | \$ 19,958               |
| *   | FIDELITY TREND                                                 | Mutual Fund                                                                                                            | **             | \$ 16,912               |
| *   | FIDELITY INFL PR BD IDX                                        | Mutual Fund                                                                                                            | **             | \$ 16,074               |
| *   | FIDELITY SEL BIOTECH                                           | Mutual Fund                                                                                                            | **             | \$ 12,637               |
| *   | FIDELITY GLB EX US IDX                                         | Mutual Fund                                                                                                            | **             | \$ 12,596               |
| *   | FIDELITY SEL MED TECH&DV                                       | Mutual Fund                                                                                                            | **             | \$ 12,051               |

# The Home of Guiding Hands

## 403(b) Plan

### Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-6058273 Plan #001

June 30, 2022

| (a) | (b)<br>Identity of Issue, Borrower, Lessor<br>or Similar Party | (c)<br>Description of investment, including<br>maturity date, rate of interest,<br>collateral, par, or maturity value. | (d)<br>Cost ** | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
| *   | FIDELITY FDM IDX 2055 IPR                                      | Mutual Fund                                                                                                            | **             | \$ 11,644               |
| *   | FIDELITY SEL TECHNOLOGY                                        | Mutual Fund                                                                                                            | **             | \$ 9,921                |
| *   | FIDELITY FREEDOM INCOME                                        | Mutual Fund                                                                                                            | **             | \$ 9,472                |
| *   | FIDELITY GOVT MMKT                                             | Money Market                                                                                                           | **             | \$ 9,329                |
| *   | FIDELITY SEL GOLD                                              | Mutual Fund                                                                                                            | **             | \$ 9,151                |
| *   | FIDELITY EQUITY INC                                            | Mutual Fund                                                                                                            | **             | \$ 8,668                |
| *   | FIDELITY SMALL CAP GROWTH                                      | Mutual Fund                                                                                                            | **             | \$ 7,803                |
| *   | FIDELITY NASDAQ COMP INDX                                      | Mutual Fund                                                                                                            | **             | \$ 7,718                |
| *   | FIDELITY SEL CONS DISCR                                        | Mutual Fund                                                                                                            | **             | \$ 6,872                |
| *   | FIDELITY CONVERTIBLE SEC                                       | Mutual Fund                                                                                                            | **             | \$ 6,503                |
| *   | FIDELITY EMERGING ASIA                                         | Mutual Fund                                                                                                            | **             | \$ 6,103                |
| *   | FIDELITY CAPITAL APPREC                                        | Mutual Fund                                                                                                            | **             | \$ 5,728                |
| *   | FIDELITY SM CAP ENH INDX                                       | Mutual Fund                                                                                                            | **             | \$ 5,378                |
| *   | FIDELITY NEW MARKETS INC                                       | Mutual Fund                                                                                                            | **             | \$ 5,081                |
| *   | FIDELITY FOCUSED STOCK                                         | Mutual Fund                                                                                                            | **             | \$ 4,983                |
| *   | FIDELITY CONTRAFUND                                            | Mutual Fund                                                                                                            | **             | \$ 4,857                |
| *   | FIDELITY GROWTH DISC                                           | Mutual Fund                                                                                                            | **             | \$ 4,753                |
| *   | FIDELITY INTL SM CAP OPP                                       | Mutual Fund                                                                                                            | **             | \$ 4,641                |
| *   | FIDELITY FDM IDX 2030 IPR                                      | Mutual Fund                                                                                                            | **             | \$ 4,569                |
| *   | FIDELITY FREEDOM 2060                                          | Mutual Fund                                                                                                            | **             | \$ 4,563                |
| *   | FIDELITY SEL WIRELESS                                          | Mutual Fund                                                                                                            | **             | \$ 4,527                |
| *   | FIDELITY SEL TEC HARDWARE                                      | Mutual Fund                                                                                                            | **             | \$ 4,422                |
| *   | FIDELITY SEL AUTOMOTIVE                                        | Mutual Fund                                                                                                            | **             | \$ 4,399                |
| *   | FIDELITY SEL SOFTWARE                                          | Mutual Fund                                                                                                            | **             | \$ 4,209                |
| *   | FIDELITY NEW MILLEN                                            | Mutual Fund                                                                                                            | **             | \$ 4,141                |
| *   | FIDELITY LARGE CAP STOCK                                       | Mutual Fund                                                                                                            | **             | \$ 4,088                |
| *   | FIDELITY SEL IT SERVICES                                       | Mutual Fund                                                                                                            | **             | \$ 3,826                |
| *   | FIDELITY FUND                                                  | Mutual Fund                                                                                                            | **             | \$ 3,683                |
| *   | FIDELITY INTL SMALL CAP                                        | Mutual Fund                                                                                                            | **             | \$ 3,615                |
| *   | FIDELITY GROWTH & INC                                          | Mutual Fund                                                                                                            | **             | \$ 3,587                |
| *   | FIDELITY CHINA REGION                                          | Mutual Fund                                                                                                            | **             | \$ 3,405                |
| *   | FIDELITY SEL DEFENSE                                           | Mutual Fund                                                                                                            | **             | \$ 3,233                |
| *   | FIDELITY MID CAP VALUE                                         | Mutual Fund                                                                                                            | **             | \$ 3,122                |
| *   | FIDELITY HIGH INCOME                                           | Mutual Fund                                                                                                            | **             | \$ 2,908                |
| *   | FIDELITY TOTAL EMERG MKTS                                      | Mutual Fund                                                                                                            | **             | \$ 2,432                |
| *   | FIDELITY LC CORE ENH INDX                                      | Mutual Fund                                                                                                            | **             | \$ 2,106                |
| *   | FIDELITY GLB COMDTY STK                                        | Mutual Fund                                                                                                            | **             | \$ 1,847                |

# The Home of Guiding Hands

## 403(b) Plan

### Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-6058273 Plan #001

*June 30, 2022*

| (a) | (b)<br>Identity of Issue, Borrower, Lessor<br>or Similar Party | (c)<br>Description of investment, including<br>maturity date, rate of interest,<br>collateral, par, or maturity value. | (d)<br>Cost ** | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
| *   | FIDELITY MID CAP IDX                                           | Mutual Fund                                                                                                            | **             | \$ 1,711                |
| *   | FIDELITY INTL CAP APPREC                                       | Mutual Fund                                                                                                            | **             | \$ 1,541                |
| *   | FIDELITY SHORT TERM BOND                                       | Mutual Fund                                                                                                            | **             | \$ 1,525                |
| *   | FIDELITY SEL INDUSTRIALS                                       | Mutual Fund                                                                                                            | **             | \$ 1,488                |
| *   | FIDELITY REAL ESTATE INC                                       | Mutual Fund                                                                                                            | **             | \$ 1,479                |
| *   | FIDELITY SEL HEALTHCARE                                        | Mutual Fund                                                                                                            | **             | \$ 1,108                |
| *   | FIDELITY TOTAL BOND                                            | Mutual Fund                                                                                                            | **             | \$ 1,053                |
| *   | FIDELITY FDM IDX 2035 IPR                                      | Mutual Fund                                                                                                            | **             | \$ 819                  |
| *   | FIDELITY MAGELLAN                                              | Mutual Fund                                                                                                            | **             | \$ 760                  |
| *   | FIDELITY EMRG MKTS IDX                                         | Mutual Fund                                                                                                            | **             | \$ 530                  |
| *   | FIDELITY SEL HTH CARE SVC                                      | Mutual Fund                                                                                                            | **             | \$ 365                  |
| *   | FIDELITY SEL SEMICONDUCT                                       | Mutual Fund                                                                                                            | **             | \$ 280                  |
| *   | FIDELITY LOW PRICED STK                                        | Mutual Fund                                                                                                            | **             | \$ 17                   |
| *   | FIDELITY SEL CHEMICALS                                         | Mutual Fund                                                                                                            | **             | \$ 16                   |
| *   | Notes receivable from participants                             | 4.25% - 6.50%                                                                                                          | \$ -           | \$ 42,100               |

\* Represents a party-in-interest.

\*\* Cost omitted as allowed for participant-directed transactions under an individual account plan.