

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☒ special extension (enter description) FLORIDA HURRICANE IDALIA
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LIFE CARE PASTORAL SERVICES TAX SHELTERED ANNUITY PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1989
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LIFE CARE PASTORAL SERVICES 1000 VICARS LANDING WAY PONTE VEDRA BEACH, FL 32082-3151
2b	Employer Identification Number (EIN) 59-3480191
2c	Plan Sponsor's telephone number 904-273-1701
2d	Business code (see instructions) 623000

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.	04/22/2024	PAYAL PATEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/22/2024	PAYAL PATEL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 299
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 270
a(2) Total number of active participants at the end of the plan year		6a(2) 343
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 26
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 369
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 2
f Total. Add lines 6d and 6e		6f 371
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 144
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance	(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules	b General Schedules	
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ 1 A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☐ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan LIFE CARE PASTORAL SERVICES TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 LIFE CARE PASTORAL SERVICES	D Employer Identification Number (EIN) 59-3480191

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	441463	371	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 1009	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid KESTRA INVESTMENT SERVICES LLC 5707 SOUTHWEST PKWY BLDG 2 STE 400 AUSTIN, TX 78735-6213

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1009	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED FUND CONTRACT**b** Balance at the end of the previous year **7b** 400554**c** Additions: (1) Contributions deposited during the year **7c(1)** 16720
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 4579
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)** 14007

▶ LOAN PAYMENT

(6) Total additions..... **7c(6)** 35306**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 435860**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 26862
(2) Administration charge made by carrier..... **7e(2)** 1370
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)** 31790

▶ LOAN WITHDRAWAL

(5) Total deductions..... **7e(5)** 60022**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 375838

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LIFE CARE PASTORAL SERVICES TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LIFE CARE PASTORAL SERVICES	D Employer Identification Number (EIN) 59-3480191	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	20317	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

KESTRA INVESTMENT SERVICES LLC

74-2794194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	16353	Yes ☐ No ☒

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

WILSHIRE ADVISORS LLC

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KESTRA INVESTMENT SERVICES LLC	49 55 99	16353

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILSHIRE ADVISORS LLC	27 72	0

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(21) OR WILSHIRE 3(21) AUTO-EXECUTE FIDUCIARY SERVICE.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>LIFE CARE PASTORAL SERVICES TAX SHELTERED ANNUITY PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFE CARE PASTORAL SERVICES</u>	D Employer Identification Number (EIN) <u>59-3480191</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	58925674
(2) Participant contributions.....		1b(2)	1099214982
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	134376100989
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	73230385614958
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	400554375838
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7874852	6112441

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7874852	6112441
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	198592	
(B) Participants	2a(1)(B)	410776	
(C) Others (including rollovers)	2a(1)(C)	11892	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		621260
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4551	
(F) Other	2b(1)(F)	4579	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9130
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	76736	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		76736
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		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)		-1500713
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-793587
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	948506	
(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)		948506
f Corrective distributions (see instructions)	2f		
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)	20318	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20318
j Total expenses. Add all expense amounts in column (b) and enter total	2j		968824
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1762411
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: MSL, PA

(2) EIN: 59-3070669

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 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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LIFE CARE PASTORAL SERVICES TAX SHELTERED ANNUITY PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 LIFE CARE PASTORAL SERVICES		D Employer Identification Number (EIN) 59-3480191
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 13
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Life Care Pastoral Services, Inc.

1000 Vicar's Landing Way • Ponte Vedra Beach, Florida 32082 • (904) 273-1701

MSL, P.A.
255 S. Orange Avenue, Suite 600
Orlando, FL 32801

We are providing this letter in connection with your audit of the financial statements and supplemental schedule of **Life Care Pastoral Services Tax Sheltered Annuity Plan** (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, and of the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States ("U.S. GAAP"), and whether the supplemental schedule is fairly stated in all material respects in relation to the financial statements as a whole. As permitted by Regulation 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), we have instructed you not to perform any auditing procedures with respect to information prepared and certified to Delaware Charter Guarantee & Trust d/b/a Principal Trust Company, (the "Plan Custodian"), in accordance with DOL Regulation 2520.103-5, except for comparing the information with the related information included in the financial statements and supplemental schedule.

We understand that the form and content of the information in the financial statements and supplemental schedule, other than that derived from the information certified by the Plan Custodian, has been audited by you in accordance with auditing standards generally accepted in the United States of America, and was subjected to tests of our accounting records and other procedures you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors. We recognize that we are responsible for adjusting the financial statements to correct material misstatements.

We confirm, to the best of our knowledge and belief, as of the date of this letter, the following representations made to you during your audits.

- 1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter signed February 9, 2023, including our responsibility for the preparation and fair presentation of the financial statements.
- 2) As part of your audit, you assisted with preparation of the financial statements and related notes and the supplemental schedule. We acknowledge our responsibility as it relates to those nonaudit services, including that we assume all management responsibilities; oversee the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, or experience; evaluate the adequacy and results of the services performed; and accept responsibility for the results of the services. We have reviewed, approved, and accepted responsibility for those financial statements and related notes and the supplemental schedule.
- 3) The financial statements referred to above are fairly presented in conformity with U.S. GAAP, the notes include all disclosures required by laws and regulations to which the Plan is subject, including the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and the supplemental

LCPS Management, Inc.
Retirement Redefined™
retirementredefined.org

schedule referred to above is fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- 4) We acknowledge our responsibility for administering the plan and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants to determine the benefits due or which may become due to such participants.
- 5) We acknowledge our election to have an ERISA Section 103(a)(3)(C) audit does not affect our responsibility for the financial statements and for determining the following:
 - a) The circumstances permit an ERISA Section 103(a)(3)(C) audit.
 - b) A qualified institution has prepared and certified the investment information as described in 29 CFR 2520.103-8.
 - c) The certification meets the 29 CFR 2520.103-5 requirements.
 - d) The certified investment information is appropriately measured, presented, and disclosed in accordance with U.S. GAAP.
- 6) We acknowledge our responsibility 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.
- 7) We acknowledge our responsibility for the design, implementation, and maintenance of programs and controls to prevent and detect fraud.
- 8) We have provided you with —
 - a) Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters;
 - b) Additional information that you have requested from us for the purpose of the audit;
 - c) Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence;
 - d) Plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws;
 - e) Minutes of the meetings of, or related to, the Plan for the period from January 1, 2022, to the date of this letter, or summaries of actions of recent meetings for which minutes have not yet been prepared, if any.
- 9) There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices, that could have a material effect on the financial statements in the event of noncompliance.
- 10) We have no knowledge of any fraud or suspected fraud affecting the Plan involving—
 - a) Management,
 - b) Employees who have significant roles in internal control, or
 - c) Others where the fraud could have a material effect on the financial statements.
- 11) We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- 12) We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan received in communications from employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.

- 13) We have no knowledge of instances of noncompliance or suspected noncompliance with laws and regulations (including ERISA, DOL, and IRS regulations) whose effects should be considered when preparing financial statements.
- 14) We have no—
 - a) Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
 - b) Intentions to terminate the Plan.
- 15) The following have been properly recorded or disclosed in the financial statements:
 - a) Related-party transactions, including transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements, guarantees, and amounts receivable from or payable to related parties.
 - b) All significant estimates and material concentrations known to management that are to be disclosed in accordance with *FASB Accounting Standards Codification 275, Risks and Uncertainties*. We understand that the significant estimates covered by this disclosure are estimates at the date of the statement of net assets that are reasonably possible of changing materially within the next year. Concentrations refer to the nature and type of investments held by the Plan, or markets for which events could occur which would significantly disrupt normal finances within the next year.
 - c) Amendments to the plan instrument, if any.
- 16) There are no—
 - a) Violations or possible violations of laws or regulations (including ERISA, DOL, and IRS regulations) whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency.
 - b) Pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and the Plan has not consulted a lawyer concerning litigation, claims, or assessments.
 - c) Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by FASB Accounting Standards Codification 450, *Contingencies*.
 - d) Material transactions that have not been properly recorded in the accounting records underlying the financial statements.
 - e) Investments or loans in default, or considered to be uncollectible, that were not disclosed in the supplemental schedules.
 - f) Other matters (e.g., breach of fiduciary responsibilities, non-exempt transactions, loans or leases in default, events reportable to the Pension Benefit Guaranty Corporation ("PBGC"), or events that may jeopardize the tax status) that legal counsel has advised us that must be disclosed.
 - g) Guarantees whether written or oral under which the Plan is contingently liable.
 - h) Non-exempt party-in-interest transactions (as defined in ERISA Section 3(14) and regulations under the section) that were not disclosed in the supplemental schedule or financial statements.
 - i) Reportable transactions (as defined in ERISA Section 103(b)(3)(II) and regulations under the section) that were not disclosed in the supplemental schedule.
- 17) There were no omissions from the participants' data provided to you and to the Plan's record keeper for the required annual compliance testing. We understand that the compliance testing has been done but the record keeper has not been able to upload or provide to us, we believe that the Plan is in compliance with all required testing.
- 18) The Plan has complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
- 19) The methods and significant assumptions used to estimate fair values of financial instruments are properly disclosed in the financial statements. The methods and significant assumptions used result

in a measure of fair value appropriate for financial measurement and disclosure purposes. We have reviewed and approved the fair value disclosures including fair value level classifications.

- 20) We, along with the Plan Custodian, have determined that the Plan investments in the insurance company general account are fully benefit-responsive and are reported at contract value.
- 21) Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
- 22) All required filings of plan documents with the appropriate agencies have been made.
- 23) The Plan (and the Trust established under the Plan) is a prototype plan that has received a determination letter from the Internal Revenue Service stating that it is qualified under Section 403(b) of the Internal Revenue Code ("IRC"); we believe the Plan is qualified under the appropriate section of the IRC, and we intend to continue them as a qualified plan (and trust). The Plan sponsor has operated the Plan and Trust, or insurance contract, in compliance with the applicable requirements of the IRC. Required nondiscrimination testing, as applicable, has been completed for the Plan, and any excess contributions have been disposed of in accordance with regulations.
- 24) The Plan has complied with the DOL's regulations concerning the timely remittance of participant contributions to trusts containing assets for the Plan.
- 25) The Plan has complied with the fidelity bonding requirements of ERISA.
- 26) The Plan has satisfactory title to all owned assets, which are recorded at fair value or contract value, and all liens, encumbrances, or security interest requiring disclosure in the financial statements have been properly disclosed.
- 27) We acknowledge our responsibility for presenting the supplemental schedule in accordance with U.S. GAAP and in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. We believe the form and content of the supplemental schedule is fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosures under ERISA. The method of measurement and presentation of the supplemental schedule has not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplemental schedule.
- 28) We have obtained appropriate fee disclosures from covered service providers and have concluded the fees are reasonable. The Plan is in compliance with DOL regulations regarding ERISA Section 408(b)(2).
- 29) We believe the supplemental schedule, including its form and content, is fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosures under ERISA. The methods of measurement and presentation of the supplemental schedules have not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplemental schedule.
- 30) We have reviewed the user control considerations included in the Principal Life Insurance Company "System and Organization Controls 1 (SOC 1) Report" as of September 30, 2022 and we believe all applicable controls are in place. We also received a gap letter for the period October 1, 2022 through December 31, 2022, and no significant changes occurred.
- 31) We have evaluated events and transactions for potential recognition or disclosure through the date of this letter, which is the date the financial statements are available to be issued. No events have occurred subsequent to the date of the Plan's financial statements and through the date of this letter that would require adjustment to or disclosure in the aforementioned financial statements.

Very truly yours,

LIFE CARE PASTORAL SERVICES TAX SHELTERED ANNUITY PLAN

By: 
Title: CEO
Date: 2/15/24

By: 
Title: CFO
Date: February 15, 2024

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

LIFE CARE PASTORAL SERVICES TAX SHELTERED ANN

EIN 59 3480191
 PLAN NUMBER 001
 PLAN YEAR 01/01/2022 TO 12/31/2022

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company Am Fds Grth Fd of Am R4 Fund	\$ 0.00	\$ 553,264.47
	American Century Investments	Registered Investment Company Amer Cent Eq Income Inv Fund	\$ 0.00	\$ 220,688.19
	American Funds Service Company	Registered Investment Company Amer Funds SMCAP World R4 Fund	\$ 0.00	\$ 121,123.93
	Fidelity Investments	Registered Investment Company Fidelity Adv Mtg Secs M Fund	\$ 0.00	\$ 92,528.32
	Franklin Templeton Investments	Registered Investment Company Franklin Growth A Fund	\$ 0.00	\$ 147,721.66
	Franklin Templeton Investments	Registered Investment Company Franklin Sm-Mid Cap Grth A Fd	\$ 0.00	\$ 43,073.19
	MFS Investment Management	Registered Investment Company MFS Value A Fund	\$ 0.00	\$ 111,180.25
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Income non 401(a)	\$ 0.00	\$ 375,837.72
*	Principal Funds Inc	Registered Investment Company Prin LgCap S&P 500 Idx R5 Fund	\$ 0.00	\$ 62,197.96
*	Principal Funds Inc	Registered Investment Company Prin LifeTime Str Inc R5 Fund	\$ 0.00	\$ 10,833.88
*	Principal Funds Inc	Registered Investment Company Prin LifeTime 2010 R5 Fund	\$ 0.00	\$ 58,747.85
*	Principal Funds Inc	Registered Investment Company Prin LifeTime 2020 R5 Fund	\$ 0.00	\$ 719,948.92
*	Principal Funds Inc	Registered Investment Company Prin LifeTime 2030 R5 Fund	\$ 0.00	\$ 1,794,181.22
*	Principal Funds Inc	Registered Investment Company Prin LifeTime 2040 R5 Fund	\$ 0.00	\$ 457,369.12
*	Principal Funds Inc	Registered Investment Company Prin LifeTime 2050 R5 Fund	\$ 0.00	\$ 449,721.51

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

LIFE CARE PASTORAL SERVICES TAX SHELTERED ANN

EIN 59 3480191
PLAN NUMBER 001
PLAN YEAR 01/01/2022 TO 12/31/2022

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Funds Inc	Registered Investment Company Prin LifeTime 2060 R5 Fund	\$ 0.00	\$ 98,690.37
*	Principal Funds Inc	Registered Investment Company Prin MidCap S&P 400 Idx R5 Fd	\$ 0.00	\$ 164,994.40
*	Principal Funds Inc	Registered Investment Company Prin SmCap S&P 600 Idx R5 Fund	\$ 0.00	\$ 154,851.14
	Putnam Investments	Registered Investment Company Putnam Intl Equity A Fund	\$ 0.00	\$ 175,671.72
	Putnam Investments	Registered Investment Company Putnam Sustainable Leaders A F	\$ 0.00	\$ 97,447.92
	Russell Investment Company	Registered Investment Company Russell Lfpt BalSt R5 Fund	\$ 0.00	\$ 66,084.33
	Russell Investment Company	Registered Investment Company Russell Lfpt ConSt R5 Fund	\$ 0.00	\$ 387.48
	Russell Investment Company	Registered Investment Company Russell Lfpt Growth St R5 Fund	\$ 0.00	\$ 5,405.38
	Russell Investment Company	Registered Investment Company Russell Lfpt ModSt R5 Fund	\$ 0.00	\$ 8,844.37
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 8.00%	\$ 0.00	\$ 100,989.00

415 Limits Test



Life Care Pastoral Services
#4-43741

Test Begin Date = 01/01/2022

Test End Date = 12/31/2022

415 Annual Limit = \$61,000.00

Test Run Date = 02/21/2024

No Members Exceeded Their 415 Limit

Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$173,452.66	\$20,500.00	\$6,924.92	\$0.00	\$0.00	\$0.00	\$27,424.92	\$61,000.00	\$0.00
		\$158,790.90	\$6,351.59	\$6,351.59	\$0.00	\$0.00	\$0.00	\$12,703.18	\$61,000.00	\$0.00
		\$319,490.76	\$19,169.37	\$12,779.71	\$0.00	\$0.00	\$0.00	\$31,949.08	\$61,000.00	\$0.00
		\$221,737.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,000.00	\$0.00
		\$221,204.12	\$8,848.24	\$8,848.24	\$0.00	\$0.00	\$0.00	\$17,696.48	\$61,000.00	\$0.00
		\$1,265.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,265.00	\$0.00
		\$1,377.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,377.50	\$0.00
		\$40,480.72	\$3,238.47	\$1,619.21	\$0.00	\$0.00	\$0.00	\$4,857.68	\$40,480.72	\$0.00
		\$7,796.00	\$299.04	\$0.00	\$0.00	\$0.00	\$0.00	\$299.04	\$7,796.00	\$0.00
		\$40,126.58	\$324.60	\$216.40	\$0.00	\$0.00	\$0.00	\$541.00	\$40,126.58	\$0.00
		\$17,308.81	\$498.96	\$0.00	\$0.00	\$0.00	\$0.00	\$498.96	\$17,308.81	\$0.00
		\$2,104.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,104.39	\$0.00
		\$47,514.18	\$5,701.74	\$1,900.55	\$0.00	\$0.00	\$0.00	\$7,602.29	\$47,514.18	\$0.00
		\$899.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$899.38	\$0.00
		\$32,553.89	\$4,883.09	\$1,302.17	\$0.00	\$0.00	\$0.00	\$6,185.26	\$32,553.89	\$0.00
		\$3,827.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,827.75	\$0.00
		\$7,003.00	\$280.12	\$280.12	\$0.00	\$0.00	\$0.00	\$560.24	\$7,003.00	\$0.00
		\$9,950.88	\$337.01	\$0.00	\$0.00	\$0.00	\$0.00	\$337.01	\$9,950.88	\$0.00
		\$12,648.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,648.75	\$0.00
		\$35,112.76	\$1,832.87	\$244.38	\$0.00	\$0.00	\$0.00	\$2,077.25	\$35,112.76	\$0.00
		\$121,670.45	\$20,663.33	\$4,866.86	\$0.00	\$0.00	\$0.00	\$25,530.19	\$61,000.00	\$0.00
		\$39,299.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,299.39	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$46,469.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46,469.38	\$0.00
		\$42,256.76	\$4,225.74	\$1,690.28	\$0.00	\$0.00	\$0.00	\$5,916.02	\$42,256.76	\$0.00
		\$71,857.50	\$3,592.88	\$2,874.31	\$0.00	\$0.00	\$0.00	\$6,467.19	\$61,000.00	\$0.00
		\$59,570.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$59,570.26	\$0.00
		\$16,841.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,841.76	\$0.00
		\$4,272.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,272.86	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$11,328.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,328.50	\$0.00
		\$43,461.52	\$4,279.93	\$1,738.48	\$0.00	\$0.00	\$0.00	\$6,018.41	\$43,461.52	\$0.00
		\$43,043.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,043.13	\$0.00
		\$36,611.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36,611.90	\$0.00
		\$2,332.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,332.00	\$0.00
		\$18,030.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,030.78	\$0.00
		\$4,084.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,084.14	\$0.00
		\$3,192.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,192.59	\$0.00
		\$78,863.44	\$4,440.00	\$1,839.14	\$0.00	\$0.00	\$0.00	\$6,279.14	\$61,000.00	\$0.00
		\$3,565.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,565.39	\$0.00
		\$40,476.87	\$1,619.13	\$1,619.13	\$0.00	\$0.00	\$0.00	\$3,238.26	\$40,476.87	\$0.00
		\$418.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$418.00	\$0.00
		\$6,286.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,286.13	\$0.00
		\$11,289.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,289.27	\$0.00
		\$21,126.92	\$845.08	\$845.08	\$0.00	\$0.00	\$0.00	\$1,690.16	\$21,126.92	\$0.00
		\$12,739.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,739.43	\$0.00
		\$45,096.14	\$6,164.91	\$1,803.86	\$0.00	\$0.00	\$0.00	\$7,968.77	\$45,096.14	\$0.00
		\$79,057.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,000.00	\$0.00
		\$5,182.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,182.15	\$0.00
		\$43,351.17	\$8,670.34	\$1,734.06	\$0.00	\$0.00	\$0.00	\$10,404.40	\$43,351.17	\$0.00
		\$43,750.29	\$1,312.53	\$1,312.53	\$0.00	\$0.00	\$0.00	\$2,625.06	\$43,750.29	\$0.00
		\$3,822.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,822.75	\$0.00
		\$96.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$96.25	\$0.00
		\$3,159.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,159.77	\$0.00
		\$8,419.88	\$336.80	\$0.00	\$0.00	\$0.00	\$0.00	\$336.80	\$8,419.88	\$0.00
		\$17,051.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,051.50	\$0.00
		\$2,146.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,146.63	\$0.00
		\$41,396.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41,396.96	\$0.00
		\$123,989.12	\$4,959.58	\$4,959.58	\$0.00	\$0.00	\$0.00	\$9,919.16	\$61,000.00	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$679.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$679.25	\$0.00
		\$3,486.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,486.00	\$0.00
		\$39,230.79	\$1,569.23	\$1,569.23	\$0.00	\$0.00	\$0.00	\$3,138.46	\$39,230.79	\$0.00
		\$4,839.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,839.75	\$0.00
		\$19,841.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,841.25	\$0.00
		\$26,563.77	\$1,062.60	\$1,062.60	\$0.00	\$0.00	\$0.00	\$2,125.20	\$26,563.77	\$0.00
		\$2,692.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,692.50	\$0.00
		\$2,554.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,554.13	\$0.00
		\$36,816.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36,816.25	\$0.00
		\$8,612.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,612.75	\$0.00
		\$12,801.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,801.13	\$0.00
		\$465.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$465.75	\$0.00
		\$23,658.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,658.32	\$0.00
		\$31,300.20	\$1,878.00	\$1,252.03	\$0.00	\$0.00	\$0.00	\$3,130.03	\$31,300.20	\$0.00
		\$104,464.40	\$20,500.00	\$4,178.63	\$0.00	\$0.00	\$0.00	\$24,678.63	\$61,000.00	\$0.00
		\$12,422.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,422.76	\$0.00
		\$1,418.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,418.75	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$4,434.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,434.68	\$0.00
		\$52,322.02	\$2,092.90	\$2,092.90	\$0.00	\$0.00	\$0.00	\$4,185.80	\$52,322.02	\$0.00
		\$48,184.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48,184.51	\$0.00
		\$1,081.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,081.25	\$0.00
		\$3,053.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,053.38	\$0.00
		\$2,473.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,473.63	\$0.00
		\$21,618.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,618.38	\$0.00
		\$260.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$260.00	\$0.00
		\$9,507.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,507.50	\$0.00
		\$133.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$133.50	\$0.00
		\$68,498.28	\$2,739.92	\$2,739.92	\$0.00	\$0.00	\$0.00	\$5,479.84	\$61,000.00	\$0.00
		\$3,057.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,057.13	\$0.00
		\$21,918.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,918.14	\$0.00
		\$4,264.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,264.63	\$0.00
		\$14,807.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,807.76	\$0.00
		\$30,280.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,280.65	\$0.00
		\$4,445.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,445.88	\$0.00
		\$4,205.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,205.63	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$31,128.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,128.15	\$0.00
		\$12,442.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,442.00	\$0.00
		\$5,696.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,696.65	\$0.00
		\$605.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$605.63	\$0.00
		\$2,503.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,503.00	\$0.00
		\$34,663.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34,663.14	\$0.00
		\$29,914.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29,914.90	\$0.00
		\$48,549.90	\$2,913.05	\$1,942.01	\$0.00	\$0.00	\$0.00	\$4,855.06	\$48,549.90	\$0.00
		\$38,965.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38,965.75	\$0.00
		\$8,931.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,931.63	\$0.00
		\$1,209.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,209.00	\$0.00
		\$32,253.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32,253.77	\$0.00
		\$14,515.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,515.50	\$0.00
		\$42,854.00	\$3,428.32	\$1,714.16	\$0.00	\$0.00	\$0.00	\$5,142.48	\$42,854.00	\$0.00
		\$2,780.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,780.66	\$0.00
		\$2,375.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,375.00	\$0.00
		\$5,507.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,507.26	\$0.00
		\$47,728.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47,728.50	\$0.00
		\$18,211.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,211.63	\$0.00
		\$9,761.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,761.39	\$0.00
		\$1,637.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,637.75	\$0.00
		\$15,704.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,704.32	\$0.00
		\$22,028.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,028.00	\$0.00
		\$26,095.83	\$1,565.75	\$1,043.84	\$0.00	\$0.00	\$0.00	\$2,609.59	\$26,095.83	\$0.00
		\$11,319.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,319.25	\$0.00
		\$1,462.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,462.13	\$0.00
		\$2,587.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,587.38	\$0.00
		\$16,700.00	\$145.00	\$0.00	\$0.00	\$0.00	\$0.00	\$145.00	\$16,700.00	\$0.00
		\$6,960.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,960.00	\$0.00
		\$172.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.25	\$0.00
		\$3,905.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,905.38	\$0.00
		\$11,822.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,822.01	\$0.00
		\$18,281.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,281.00	\$0.00
		\$4,904.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,904.13	\$0.00
		\$22,459.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,459.83	\$0.00
		\$19,359.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,359.52	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$16,307.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,307.25	\$0.00
		\$2,266.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,266.25	\$0.00
		\$5,973.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,973.92	\$0.00
		\$353.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$353.75	\$0.00
		\$9,387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,387.00	\$0.00
		\$13,902.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,902.05	\$0.00
		\$8,328.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,328.13	\$0.00
		\$147.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$147.25	\$0.00
		\$4,687.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,687.51	\$0.00
		\$7,731.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,731.21	\$0.00
		\$4,784.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,784.50	\$0.00
		\$1,651.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,651.26	\$0.00
		\$3,285.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,285.75	\$0.00
		\$22,237.25	\$1,111.88	\$889.49	\$0.00	\$0.00	\$0.00	\$2,001.37	\$22,237.25	\$0.00
		\$1,360.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,360.63	\$0.00
		\$5,817.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,817.15	\$0.00
		\$5,317.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,317.07	\$0.00
		\$5,888.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,888.75	\$0.00
		\$15,562.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,562.00	\$0.00
		\$14.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.25	\$0.00
		\$29,692.68	\$1,187.71	\$1,187.71	\$0.00	\$0.00	\$0.00	\$2,375.42	\$29,692.68	\$0.00
		\$46,553.89	\$1,862.24	\$1,862.24	\$0.00	\$0.00	\$0.00	\$3,724.48	\$46,553.89	\$0.00
		\$30,414.90	\$1,520.76	\$1,216.61	\$0.00	\$0.00	\$0.00	\$2,737.37	\$30,414.90	\$0.00
		\$39,841.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,841.13	\$0.00
		\$24,190.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24,190.28	\$0.00
		\$7,118.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,118.14	\$0.00
		\$7,283.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,283.14	\$0.00
		\$1,486.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,486.50	\$0.00
		\$49,601.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49,601.28	\$0.00
		\$60,435.66	\$2,417.47	\$2,417.47	\$0.00	\$0.00	\$0.00	\$4,834.94	\$60,435.66	\$0.00
		\$73,835.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,000.00	\$0.00
		\$69,262.00	\$2,770.48	\$2,770.48	\$0.00	\$0.00	\$0.00	\$5,540.96	\$61,000.00	\$0.00
		\$264.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$264.00	\$0.00
		\$34,406.41	\$1,376.28	\$1,376.28	\$0.00	\$0.00	\$0.00	\$2,752.56	\$34,406.41	\$0.00
		\$6,463.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,463.76	\$0.00
		\$2,889.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,889.27	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$18,482.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,482.00	\$0.00
		\$15,091.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,091.47	\$0.00
		\$39,430.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,430.76	\$0.00
		\$39,428.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,428.89	\$0.00
		\$4,153.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,153.68	\$0.00
		\$2,247.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,247.50	\$0.00
		\$45,780.88	\$1,190.40	\$1,190.40	\$0.00	\$0.00	\$0.00	\$2,380.80	\$45,780.88	\$0.00
		\$1,647.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,647.50	\$0.00
		\$9,139.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,139.89	\$0.00
		\$3,370.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,370.25	\$0.00
		\$3,469.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,469.62	\$0.00
		\$74.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$74.25	\$0.00
		\$1,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,100.00	\$0.00
		\$42,008.35	\$6,721.32	\$1,680.37	\$0.00	\$0.00	\$0.00	\$8,401.69	\$42,008.35	\$0.00
		\$20,715.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,715.59	\$0.00
		\$5,088.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,088.52	\$0.00
		\$1,247.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,247.00	\$0.00
		\$50,630.09	\$2,599.43	\$1,733.00	\$0.00	\$0.00	\$0.00	\$4,332.43	\$50,630.09	\$0.00
		\$807.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$807.50	\$0.00
		\$11,318.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,318.75	\$0.00
		\$2,708.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,708.25	\$0.00
		\$1,037.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,037.75	\$0.00
		\$3,864.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,864.40	\$0.00
		\$881.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$881.25	\$0.00
		\$423.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$423.00	\$0.00
		\$34,891.62	\$1,395.65	\$1,395.65	\$0.00	\$0.00	\$0.00	\$2,791.30	\$34,891.62	\$0.00
		\$50,459.90	\$2,018.41	\$2,018.41	\$0.00	\$0.00	\$0.00	\$4,036.82	\$50,459.90	\$0.00
		\$1,300.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,300.50	\$0.00
		\$11,159.39	\$557.98	\$446.38	\$0.00	\$0.00	\$0.00	\$1,004.36	\$11,159.39	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$87,400.50	\$10,488.07	\$3,496.04	\$0.00	\$0.00	\$0.00	\$13,984.11	\$61,000.00	\$0.00
		\$2,129.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,129.50	\$0.00
		\$540.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$540.75	\$0.00
		\$5,699.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,699.38	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$7,329.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,329.25	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$11,419.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,419.00	\$0.00
		\$49,796.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49,796.10	\$0.00
		\$16,595.75	\$428.88	\$214.44	\$0.00	\$0.00	\$0.00	\$643.32	\$16,595.75	\$0.00
		\$41,742.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41,742.90	\$0.00
		\$273.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$273.13	\$0.00
		\$31,080.00	\$1,243.20	\$1,243.20	\$0.00	\$0.00	\$0.00	\$2,486.40	\$31,080.00	\$0.00
		\$38,373.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38,373.38	\$0.00
		\$1,007.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,007.25	\$0.00
		\$2,991.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,991.15	\$0.00
		\$22,901.00	\$272.36	\$272.36	\$0.00	\$0.00	\$0.00	\$544.72	\$22,901.00	\$0.00
		\$54,150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54,150.00	\$0.00
		\$4,531.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,531.38	\$0.00
		\$48,534.89	\$2,912.10	\$1,941.38	\$0.00	\$0.00	\$0.00	\$4,853.48	\$48,534.89	\$0.00
		\$3,056.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,056.88	\$0.00
		\$50,970.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,970.91	\$0.00
		\$7,884.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,884.51	\$0.00
		\$66,132.38	\$2,645.31	\$2,645.31	\$0.00	\$0.00	\$0.00	\$5,290.62	\$61,000.00	\$0.00
		\$2,430.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,430.00	\$0.00
		\$2,214.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,214.63	\$0.00
		\$4,016.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,016.38	\$0.00
		\$5,906.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,906.13	\$0.00
		\$905.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$905.00	\$0.00
		\$190.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$190.00	\$0.00
		\$941.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$941.38	\$0.00
		\$3,707.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,707.38	\$0.00
		\$1,226.13	\$36.79	\$36.79	\$0.00	\$0.00	\$0.00	\$73.58	\$1,226.13	\$0.00
		\$84,451.53	\$628.95	\$419.29	\$0.00	\$0.00	\$0.00	\$1,048.24	\$61,000.00	\$0.00
		\$1,968.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,968.25	\$0.00
		\$532.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$532.64	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$4,072.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,072.38	\$0.00
		\$72,672.20	\$2,906.89	\$2,906.89	\$0.00	\$0.00	\$0.00	\$5,813.78	\$61,000.00	\$0.00
		\$16,965.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,965.00	\$0.00
		\$11,313.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,313.00	\$0.00
		\$12,082.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,082.75	\$0.00
		\$3,818.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,818.50	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$49,963.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49,963.39	\$0.00
		\$21,886.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,886.75	\$0.00
		\$2,757.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,757.63	\$0.00
		\$19,187.65	\$575.67	\$575.67	\$0.00	\$0.00	\$0.00	\$1,151.34	\$19,187.65	\$0.00
		\$25,151.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,151.15	\$0.00
		\$33,527.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,527.40	\$0.00
		\$2,680.25	\$105.21	\$0.00	\$0.00	\$0.00	\$0.00	\$105.21	\$2,680.25	\$0.00
		\$207.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$207.50	\$0.00
		\$34,652.20	\$201.12	\$201.12	\$0.00	\$0.00	\$0.00	\$402.24	\$34,652.20	\$0.00
		\$31,470.78	\$7,867.70	\$1,258.83	\$0.00	\$0.00	\$0.00	\$9,126.53	\$31,470.78	\$0.00
		\$32,991.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32,991.60	\$0.00
		\$10,424.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,424.00	\$0.00
		\$1,388.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,388.75	\$0.00
		\$152.00	\$38.00	\$6.08	\$0.00	\$0.00	\$0.00	\$44.08	\$152.00	\$0.00
		\$37.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37.50	\$0.00
		\$60,486.21	\$1,814.58	\$1,814.58	\$0.00	\$0.00	\$0.00	\$3,629.16	\$60,486.21	\$0.00
		\$22,774.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,774.40	\$0.00
		\$2,352.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,352.00	\$0.00
		\$33,965.14	\$3,396.50	\$1,358.65	\$0.00	\$0.00	\$0.00	\$4,755.15	\$33,965.14	\$0.00
		\$58,057.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58,057.56	\$0.00
		\$10,942.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,942.14	\$0.00
		\$103,796.51	\$6,227.79	\$4,151.85	\$0.00	\$0.00	\$0.00	\$10,379.64	\$61,000.00	\$0.00
		\$4,359.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,359.88	\$0.00
		\$31,801.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,801.87	\$0.00
		\$6,189.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,189.58	\$0.00
		\$43,105.78	\$1,491.49	\$1,491.49	\$0.00	\$0.00	\$0.00	\$2,982.98	\$43,105.78	\$0.00
		\$184.00	\$11.04	\$7.36	\$0.00	\$0.00	\$0.00	\$18.40	\$184.00	\$0.00
		\$71,123.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,000.00	\$0.00
		\$6,241.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,241.50	\$0.00
		\$3,206.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,206.00	\$0.00
		\$3,798.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,798.63	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$36,999.03	\$4,439.89	\$1,479.97	\$0.00	\$0.00	\$0.00	\$5,919.86	\$36,999.03	\$0.00
		\$20,593.44	\$97.60	\$97.60	\$0.00	\$0.00	\$0.00	\$195.20	\$20,593.44	\$0.00
		\$20,434.60	\$63.77	\$63.77	\$0.00	\$0.00	\$0.00	\$127.54	\$20,434.60	\$0.00
		\$9,674.98	\$774.00	\$387.00	\$0.00	\$0.00	\$0.00	\$1,161.00	\$9,674.98	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$33,696.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,696.76	\$0.00
		\$44,832.31	\$3,138.26	\$1,793.30	\$0.00	\$0.00	\$0.00	\$4,931.56	\$44,832.31	\$0.00
		\$37,024.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37,024.91	\$0.00
		\$4,217.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,217.64	\$0.00
		\$33,325.82	\$1,666.29	\$1,333.05	\$0.00	\$0.00	\$0.00	\$2,999.34	\$33,325.82	\$0.00
		\$3,926.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,926.25	\$0.00
		\$3,551.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,551.19	\$0.00
		\$17,181.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,181.00	\$0.00
		\$9,200.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,200.75	\$0.00
		\$64,487.00	\$1,690.68	\$1,690.68	\$0.00	\$0.00	\$0.00	\$3,381.36	\$61,000.00	\$0.00
		\$841.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$841.00	\$0.00
		\$43,933.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,933.96	\$0.00
		\$11,314.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,314.04	\$0.00
		\$3,555.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,555.14	\$0.00
		\$82,210.80	\$9,043.24	\$3,288.38	\$0.00	\$0.00	\$0.00	\$12,331.62	\$61,000.00	\$0.00
		\$38,032.52	\$5,185.13	\$1,382.70	\$0.00	\$0.00	\$0.00	\$6,567.83	\$38,032.52	\$0.00
		\$33,415.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,415.85	\$0.00
		\$35,588.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35,588.42	\$0.00
		\$71.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.25	\$0.00
		\$24,153.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24,153.81	\$0.00
		\$18,529.50	\$175.01	\$140.01	\$0.00	\$0.00	\$0.00	\$315.02	\$18,529.50	\$0.00
		\$344.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$344.00	\$0.00
		\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.00	\$0.00
		\$1,504.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,504.75	\$0.00
		\$720.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$720.00	\$0.00
		\$378.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$378.75	\$0.00
		\$19,058.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,058.75	\$0.00
		\$4,378.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,378.75	\$0.00
		\$37,692.01	\$3,661.08	\$169.69	\$0.00	\$0.00	\$0.00	\$3,830.77	\$37,692.01	\$0.00
		\$50,865.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,865.90	\$0.00
		\$184.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$184.00	\$0.00
		\$39,015.25	\$1,560.61	\$1,560.61	\$0.00	\$0.00	\$0.00	\$3,121.22	\$39,015.25	\$0.00
		\$39,906.25	\$3,990.67	\$1,596.25	\$0.00	\$0.00	\$0.00	\$5,586.92	\$39,906.25	\$0.00
		\$37.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37.38	\$0.00
		\$117.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$117.50	\$0.00
		\$54,902.67	\$2,196.11	\$2,196.11	\$0.00	\$0.00	\$0.00	\$4,392.22	\$54,902.67	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$178.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$178.25	\$0.00
		\$28,285.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28,285.88	\$0.00
		\$600.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$600.50	\$0.00
		\$37,166.54	\$2,230.02	\$1,486.70	\$0.00	\$0.00	\$0.00	\$3,716.72	\$37,166.54	\$0.00
		\$3,747.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,747.22	\$0.00
		\$7,336.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,336.88	\$0.00
		\$11,764.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,764.32	\$0.00
		\$7,591.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,591.29	\$0.00
		\$118,556.43	\$5,593.15	\$3,728.77	\$0.00	\$0.00	\$0.00	\$9,321.92	\$61,000.00	\$0.00
		\$21,149.39	\$766.67	\$766.67	\$0.00	\$0.00	\$0.00	\$1,533.34	\$21,149.39	\$0.00
		\$3,101.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,101.38	\$0.00
		\$6,204.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,204.21	\$0.00
		\$9,362.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,362.10	\$0.00
		\$28,720.49	\$1,148.82	\$1,148.82	\$0.00	\$0.00	\$0.00	\$2,297.64	\$28,720.49	\$0.00
		\$5,022.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,022.88	\$0.00
		\$37,101.23	\$1,275.47	\$1,275.47	\$0.00	\$0.00	\$0.00	\$2,550.94	\$37,101.23	\$0.00
		\$192.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$192.00	\$0.00
		\$8,393.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,393.00	\$0.00
		\$5,224.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,224.63	\$0.00
		\$30,933.70	\$1,016.55	\$1,016.55	\$0.00	\$0.00	\$0.00	\$2,033.10	\$30,933.70	\$0.00
		\$30,636.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,636.00	\$0.00
		\$4,404.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,404.00	\$0.00
		\$9,001.13	\$305.37	\$0.00	\$0.00	\$0.00	\$0.00	\$305.37	\$9,001.13	\$0.00
		\$37.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37.50	\$0.00
		\$4,445.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,445.00	\$0.00
		\$60,337.71	\$3,016.91	\$2,413.55	\$0.00	\$0.00	\$0.00	\$5,430.46	\$60,337.71	\$0.00
		\$43,763.70	\$3,501.09	\$1,750.56	\$0.00	\$0.00	\$0.00	\$5,251.65	\$43,763.70	\$0.00
		\$2,682.00	\$561.00	\$44.88	\$0.00	\$0.00	\$0.00	\$605.88	\$2,682.00	\$0.00
		\$1,220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,220.00	\$0.00
		\$35,714.78	\$1,428.63	\$1,428.63	\$0.00	\$0.00	\$0.00	\$2,857.26	\$35,714.78	\$0.00
		\$17,487.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,487.25	\$0.00
		\$6,421.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,421.25	\$0.00
		\$1,462.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,462.00	\$0.00
		\$6,215.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,215.64	\$0.00
		\$4,516.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,516.25	\$0.00
		\$2,006.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,006.00	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$26,903.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,903.43	\$0.00
		\$123.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$123.75	\$0.00
		\$32,564.03	\$1,628.20	\$1,302.56	\$0.00	\$0.00	\$0.00	\$2,930.76	\$32,564.03	\$0.00
		\$29,346.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29,346.00	\$0.00
		\$38,603.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38,603.40	\$0.00
		\$2,750.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,750.13	\$0.00
		\$4,695.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,695.50	\$0.00
		\$909.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$909.00	\$0.00
		\$21,878.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,878.75	\$0.00
		\$40,344.95	\$1,613.80	\$1,613.80	\$0.00	\$0.00	\$0.00	\$3,227.60	\$40,344.95	\$0.00
		\$2,941.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,941.75	\$0.00
		\$73,600.91	\$5,152.12	\$2,944.12	\$0.00	\$0.00	\$0.00	\$8,096.24	\$61,000.00	\$0.00
		\$7,258.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,258.75	\$0.00
		\$24,462.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24,462.13	\$0.00
		\$7,174.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,174.00	\$0.00
		\$7,007.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,007.15	\$0.00
		\$2,271.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,271.38	\$0.00
		\$63,944.73	\$6,394.51	\$2,557.80	\$0.00	\$0.00	\$0.00	\$8,952.31	\$61,000.00	\$0.00
		\$35,260.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35,260.61	\$0.00
		\$26,079.01	\$1,303.99	\$1,043.17	\$0.00	\$0.00	\$0.00	\$2,347.16	\$26,079.01	\$0.00
		\$5,793.50	\$495.03	\$198.00	\$0.00	\$0.00	\$0.00	\$693.03	\$5,793.50	\$0.00
		\$59,044.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$59,044.46	\$0.00
		\$1,507.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,507.25	\$0.00
		\$76,129.48	\$4,567.80	\$3,045.15	\$0.00	\$0.00	\$0.00	\$7,612.95	\$61,000.00	\$0.00
		\$4,702.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,702.58	\$0.00
		\$15,586.25	\$401.14	\$0.00	\$0.00	\$0.00	\$0.00	\$401.14	\$15,586.25	\$0.00
		\$35,918.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35,918.00	\$0.00
		\$28,306.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28,306.53	\$0.00
		\$26,648.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,648.79	\$0.00
		\$13,432.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,432.75	\$0.00
		\$240.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$240.00	\$0.00
		\$271.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$271.25	\$0.00
		\$16,822.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,822.64	\$0.00
		\$3,826.50	\$229.59	\$153.06	\$0.00	\$0.00	\$0.00	\$382.65	\$3,826.50	\$0.00
		\$7,181.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,181.76	\$0.00
		\$33,942.22	\$678.84	\$678.84	\$0.00	\$0.00	\$0.00	\$1,357.68	\$33,942.22	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$41,306.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41,306.23	\$0.00
		\$1,925.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,925.25	\$0.00
		\$5,057.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,057.88	\$0.00
		\$10,611.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,611.76	\$0.00
		\$2,478.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,478.38	\$0.00
		\$4,307.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,307.25	\$0.00
		\$12,524.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,524.75	\$0.00
		\$577.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$577.50	\$0.00
		\$34,104.66	\$1,364.20	\$1,364.20	\$0.00	\$0.00	\$0.00	\$2,728.40	\$34,104.66	\$0.00
		\$466.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$466.25	\$0.00
		\$7,617.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,617.51	\$0.00
		\$23,415.75	\$285.56	\$285.56	\$0.00	\$0.00	\$0.00	\$571.12	\$23,415.75	\$0.00
		\$21,966.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,966.50	\$0.00
		\$41,294.50	\$2,064.76	\$1,651.78	\$0.00	\$0.00	\$0.00	\$3,716.54	\$41,294.50	\$0.00
		\$12,559.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,559.77	\$0.00
		\$35,514.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35,514.98	\$0.00
		\$56,588.66	\$5,276.34	\$1,065.35	\$0.00	\$0.00	\$0.00	\$6,341.69	\$56,588.66	\$0.00
		\$2,114.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,114.75	\$0.00
		\$2,997.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,997.26	\$0.00
		\$76,791.10	\$15,358.22	\$3,071.64	\$0.00	\$0.00	\$0.00	\$18,429.86	\$61,000.00	\$0.00
		\$6,982.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,982.00	\$0.00
		\$23,205.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,205.51	\$0.00
		\$2,896.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,896.72	\$0.00
		\$30,926.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,926.49	\$0.00
		\$17,392.12	\$347.88	\$347.88	\$0.00	\$0.00	\$0.00	\$695.76	\$17,392.12	\$0.00
		\$59,341.52	\$3,560.49	\$2,373.67	\$0.00	\$0.00	\$0.00	\$5,934.16	\$59,341.52	\$0.00
		\$98,004.80	\$3,275.24	\$908.08	\$0.00	\$0.00	\$0.00	\$4,183.32	\$61,000.00	\$0.00
		\$3,111.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,111.63	\$0.00
		\$534.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$534.59	\$0.00
		\$6,935.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,935.78	\$0.00
		\$52,225.67	\$2,611.27	\$2,089.02	\$0.00	\$0.00	\$0.00	\$4,700.29	\$52,225.67	\$0.00
		\$43,427.59	\$2,410.50	\$1,607.00	\$0.00	\$0.00	\$0.00	\$4,017.50	\$43,427.59	\$0.00
		\$5,439.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,439.00	\$0.00
		\$22,017.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,017.18	\$0.00
		\$5,854.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,854.45	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$3,470.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,470.28	\$0.00
		\$1,182.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,182.50	\$0.00
		\$32,473.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32,473.75	\$0.00
		\$40,760.46	\$1,630.42	\$1,630.42	\$0.00	\$0.00	\$0.00	\$3,260.84	\$40,760.46	\$0.00
		\$62,087.67	\$5,271.91	\$2,483.53	\$0.00	\$0.00	\$0.00	\$7,755.44	\$61,000.00	\$0.00
		\$64,789.55	\$2,571.59	\$2,571.59	\$0.00	\$0.00	\$0.00	\$5,143.18	\$61,000.00	\$0.00
		\$24,006.52	\$894.15	\$894.15	\$0.00	\$0.00	\$0.00	\$1,788.30	\$24,006.52	\$0.00
		\$62,993.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,000.00	\$0.00
		\$2,072.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,072.38	\$0.00
		\$26,784.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,784.26	\$0.00
		\$31,189.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,189.62	\$0.00
		\$103,016.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,000.00	\$0.00
		\$1,061.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,061.50	\$0.00
		\$1,738.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,738.88	\$0.00
		\$57,288.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$57,288.63	\$0.00
		\$9,408.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,408.25	\$0.00
		\$3,394.71	\$114.89	\$0.00	\$0.00	\$0.00	\$0.00	\$114.89	\$3,394.71	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$53,539.14	\$3,212.39	\$2,141.58	\$0.00	\$0.00	\$0.00	\$5,353.97	\$53,539.14	\$0.00
		\$3,583.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,583.00	\$0.00
		\$1,600.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,600.63	\$0.00
		\$31,005.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,005.25	\$0.00
		\$25,178.65	\$1,510.74	\$1,007.13	\$0.00	\$0.00	\$0.00	\$2,517.87	\$25,178.65	\$0.00
		\$6,056.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,056.66	\$0.00
		\$4,395.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,395.84	\$0.00
		\$21,261.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,261.88	\$0.00
		\$12,763.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,763.88	\$0.00
		\$517.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$517.51	\$0.00
		\$443.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$443.75	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$11,007.38	\$440.30	\$440.30	\$0.00	\$0.00	\$0.00	\$880.60	\$11,007.38	\$0.00
		\$105,694.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,000.00	\$0.00
		\$22,618.58	\$4,975.99	\$796.16	\$0.00	\$0.00	\$0.00	\$5,772.15	\$22,618.58	\$0.00
		\$11,393.50	\$259.18	\$259.18	\$0.00	\$0.00	\$0.00	\$518.36	\$11,393.50	\$0.00
		\$450.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$450.00	\$0.00
		\$40,024.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,024.00	\$0.00

415 Limits Test



Secured ID	Name	415 Compensation	Elec Def/ROTH	ER MATCH	ER Other /QNEC	Vol/EE Req	415 Adjustment	Total Annual Additions	415 Limit	415 Excess
		\$11,793.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,793.50	\$0.00
		\$48,006.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48,006.52	\$0.00
		\$4,262.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,262.25	\$0.00
		\$58,272.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58,272.04	\$0.00
		\$5,688.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,688.13	\$0.00
		\$29,842.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29,842.64	\$0.00
		\$14,523.46	\$184.57	\$0.00	\$0.00	\$0.00	\$0.00	\$184.57	\$14,523.46	\$0.00
		\$2,631.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,631.75	\$0.00
		\$38,140.49	\$1,525.64	\$1,525.64	\$0.00	\$0.00	\$0.00	\$3,051.28	\$38,140.49	\$0.00
		\$47,280.66	\$20,500.00	\$1,033.35	\$0.00	\$0.00	\$0.00	\$21,533.35	\$47,280.66	\$0.00
		\$4,197.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,197.50	\$0.00
		\$34,711.32	\$2,082.71	\$1,388.45	\$0.00	\$0.00	\$0.00	\$3,471.16	\$34,711.32	\$0.00
		\$4,328.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,328.00	\$0.00
	Totals	\$10,480,037.07	\$404,011.76	\$204,283.62	\$0.00	\$0.00	\$0.00	\$608,295.38		\$0.00

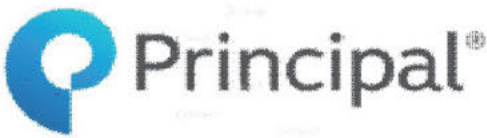
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Preparation of these calculations does not guarantee that the entire amount(s) shown will be eligible for a tax deduction as a retirement plan contribution. It is our understanding excess annual additions to a retirement plan are not eligible for a tax deduction. Because company tax information from prior years may be needed (such as credit carry forwards and contribution carryovers) we do not monitor deductibility limits. Please consult your tax advisor for information on deductibility limits for your plan under Internal Revenue Code Section 404(a).

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ACP Meets Test



Test Method
Prior Year

Life Care Pastoral Services #4-43741 01/01/2022 - 12/31/2022	2022 HCE ACP%	3.24%
	2021 NHCE ACP%	1.81%
	Allowable HCE%	
	BEFORE ADP	
	carryover	3.62%
	Allowable HCE%	
	AFTER ADP	
	carryover	3.62%

ACP Test Test Results - Meets **PASS**

Test Run Date = 02/21/2024

Highly Compensated Employees - Meets



Secured ID	Name	HCE	ACP Compensation	ER MIM	ACP Adjustment Amount	ACP %
		Y	\$173,452.66	\$6,924.92	\$0.00	3.99%
		Y	\$158,790.90	\$6,351.59	\$0.00	4.00%
		Y	\$305,000.00	\$12,779.71	\$0.00	4.19%
		Y	\$221,737.68	\$0.00	\$0.00	0.00%
		Y	\$221,204.12	\$8,848.24	\$0.00	4.00%

GRAND TOTAL:		\$1,080,185.36	\$34,904.46	\$0.00	16.18%
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AVERAGES					3.24%
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TOTAL IN GROUP			5
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Non-Highly Compensated Employees - Meets



Secured ID	Name	HCE	ACP Compensation	ER MIM	ACP Adjustment Amount	ACP %
		N	\$40,480.72	\$1,619.21	\$0.00	4.00%
		N	\$40,126.58	\$216.40	\$0.00	0.54%
		N	\$47,514.18	\$1,900.55	\$0.00	4.00%
		N	\$32,553.89	\$1,302.17	\$0.00	4.00%
		N	\$7,003.00	\$280.12	\$0.00	4.00%
		N	\$35,112.76	\$244.38	\$0.00	0.70%
		N	\$121,670.45	\$4,866.86	\$0.00	4.00%
		N	\$42,256.76	\$1,690.28	\$0.00	4.00%
		N	\$71,857.50	\$2,874.31	\$0.00	4.00%
		N	\$59,570.26	\$0.00	\$0.00	0.00%
		N	\$11,328.50	\$0.00	\$0.00	0.00%
		N	\$43,461.52	\$1,738.48	\$0.00	4.00%
		N	\$43,043.13	\$0.00	\$0.00	0.00%
		N	\$36,611.90	\$0.00	\$0.00	0.00%
		N	\$2,332.00	\$0.00	\$0.00	0.00%
		N	\$4,084.14	\$0.00	\$0.00	0.00%
		N	\$40,476.87	\$1,619.13	\$0.00	4.00%
		N	\$21,126.92	\$845.08	\$0.00	4.00%
		N	\$12,739.43	\$0.00	\$0.00	0.00%
		N	\$45,096.14	\$1,803.86	\$0.00	4.00%
		N	\$79,057.35	\$0.00	\$0.00	0.00%
		N	\$5,182.15	\$0.00	\$0.00	0.00%
		N	\$43,351.17	\$1,734.06	\$0.00	4.00%
		N	\$43,750.29	\$1,312.53	\$0.00	3.00%
		N	\$123,989.12	\$4,959.58	\$0.00	4.00%
		N	\$679.25	\$0.00	\$0.00	0.00%
		N	\$39,230.79	\$1,569.23	\$0.00	4.00%
		N	\$19,841.25	\$0.00	\$0.00	0.00%
		N	\$26,563.77	\$1,062.60	\$0.00	4.00%
		N	\$36,816.25	\$0.00	\$0.00	0.00%
		N	\$12,801.13	\$0.00	\$0.00	0.00%
		N	\$23,658.32	\$0.00	\$0.00	0.00%
		N	\$31,300.20	\$1,252.03	\$0.00	4.00%
		N	\$104,464.40	\$4,178.63	\$0.00	4.00%
		N	\$4,434.68	\$0.00	\$0.00	0.00%
		N	\$52,322.02	\$2,092.90	\$0.00	4.00%

Non-Highly Compensated Employees - Meets



Secured ID	Name	HCE	ACP Compensation	ER MIM	ACP Adjustment Amount	ACP %
		AN	\$48,184.51	\$0.00	\$0.00	0.00%
		N	\$21,618.38	\$0.00	\$0.00	0.00%
		N	\$68,498.28	\$2,739.92	\$0.00	4.00%
		N	\$21,918.14	\$0.00	\$0.00	0.00%
		N	\$30,280.65	\$0.00	\$0.00	0.00%
		N	\$31,128.15	\$0.00	\$0.00	0.00%
		RN	\$5,696.65	\$0.00	\$0.00	0.00%
		N	\$605.63	\$0.00	\$0.00	0.00%
		N	\$48,549.90	\$1,942.01	\$0.00	4.00%
		N	\$38,965.75	\$0.00	\$0.00	0.00%
		G N	\$32,253.77	\$0.00	\$0.00	0.00%
		N	\$42,854.00	\$1,714.16	\$0.00	4.00%
		THA A	\$2,780.66	\$0.00	\$0.00	0.00%
		Y JN	\$15,704.32	\$0.00	\$0.00	0.00%
		A N	\$26,095.83	\$1,043.84	\$0.00	4.00%
		N	\$22,459.83	\$0.00	\$0.00	0.00%
		N	\$9,387.00	\$0.00	\$0.00	0.00%
		N	\$13,902.05	\$0.00	\$0.00	0.00%
		N	\$8,328.13	\$0.00	\$0.00	0.00%
		N	\$3,285.75	\$0.00	\$0.00	0.00%
		N	\$22,237.25	\$889.49	\$0.00	4.00%
		N	\$29,692.68	\$1,187.71	\$0.00	4.00%
		AN	\$46,553.89	\$1,862.24	\$0.00	4.00%
		N	\$30,414.90	\$1,216.61	\$0.00	4.00%
		N	\$39,841.13	\$0.00	\$0.00	0.00%
		N	\$1,486.50	\$0.00	\$0.00	0.00%
		N	\$60,435.66	\$2,417.47	\$0.00	4.00%
		N	\$69,262.00	\$2,770.48	\$0.00	4.00%
		MN	\$264.00	\$0.00	\$0.00	0.00%
		N	\$34,406.41	\$1,376.28	\$0.00	4.00%
		N	\$39,430.76	\$0.00	\$0.00	0.00%
		N	\$45,780.88	\$1,190.40	\$0.00	2.60%
		N	\$3,370.25	\$0.00	\$0.00	0.00%
		N	\$42,008.35	\$1,680.37	\$0.00	4.00%
		N	\$20,715.59	\$0.00	\$0.00	0.00%
		N	\$50,630.09	\$1,733.00	\$0.00	3.42%

Non-Highly Compensated Employees - Meets



Secured ID	Name	HCE	ACP Compensation	ER MIM	ACP Adjustment Amount	ACP %
		N	\$11,318.75	\$0.00	\$0.00	0.00%
		N	\$34,891.62	\$1,395.65	\$0.00	4.00%
		N	\$50,459.90	\$2,018.41	\$0.00	4.00%
		NTINIA	\$11,159.39	\$446.38	\$0.00	4.00%
		N	\$87,400.50	\$3,496.04	\$0.00	4.00%
		N	\$540.75	\$0.00	\$0.00	0.00%
		N	\$41,742.90	\$0.00	\$0.00	0.00%
		N	\$31,080.00	\$1,243.20	\$0.00	4.00%
		A N	\$22,901.00	\$272.36	\$0.00	1.19%
		N	\$54,150.00	\$0.00	\$0.00	0.00%
		N	\$48,534.89	\$1,941.38	\$0.00	4.00%
		N	\$3,056.88	\$0.00	\$0.00	0.00%
		N	\$50,970.91	\$0.00	\$0.00	0.00%
		N	\$66,132.38	\$2,645.31	\$0.00	4.00%
		N	\$1,226.13	\$36.79	\$0.00	3.00%
		N	\$84,451.53	\$419.29	\$0.00	0.50%
		DYAN	\$532.64	\$0.00	\$0.00	0.00%
		N	\$72,672.20	\$2,906.89	\$0.00	4.00%
		E N	\$16,965.00	\$0.00	\$0.00	0.00%
		N	\$12,082.75	\$0.00	\$0.00	0.00%
		C N	\$19,187.65	\$575.67	\$0.00	3.00%
		N	\$33,527.40	\$0.00	\$0.00	0.00%
		N	\$31,470.78	\$1,258.83	\$0.00	4.00%
		N	\$152.00	\$6.08	\$0.00	4.00%
		J N	\$60,486.21	\$1,814.58	\$0.00	3.00%
		INANA	\$33,965.14	\$1,358.65	\$0.00	4.00%
		PHEN L	\$58,057.56	\$0.00	\$0.00	0.00%
		N	\$10,942.14	\$0.00	\$0.00	0.00%
		N	\$103,796.51	\$4,151.85	\$0.00	4.00%
		N	\$31,801.87	\$0.00	\$0.00	0.00%
		N	\$43,105.78	\$1,491.49	\$0.00	3.46%
		N	\$71,123.78	\$0.00	\$0.00	0.00%
		N	\$3,206.00	\$0.00	\$0.00	0.00%
		N	\$36,999.03	\$1,479.97	\$0.00	4.00%
		N	\$9,674.98	\$387.00	\$0.00	4.00%
		N	\$44,832.31	\$1,793.30	\$0.00	4.00%

Non-Highly Compensated Employees - Meets



Secured ID	Name	HCE	ACP Compensation	ER MIM	ACP Adjustment Amount	ACP %
		N	\$37,024.91	\$0.00	\$0.00	0.00%
		N	\$33,325.82	\$1,333.05	\$0.00	4.00%
		N	\$9,200.75	\$0.00	\$0.00	0.00%
		N	\$64,487.00	\$1,690.68	\$0.00	2.62%
		N	\$43,933.96	\$0.00	\$0.00	0.00%
		N	\$82,210.80	\$3,288.38	\$0.00	4.00%
		N	\$38,032.52	\$1,382.70	\$0.00	3.64%
	SINANT		\$33,415.85	\$0.00	\$0.00	0.00%
	N		\$35,588.42	\$0.00	\$0.00	0.00%
	A N		\$24,153.81	\$0.00	\$0.00	0.00%
	N		\$344.00	\$0.00	\$0.00	0.00%
	N		\$50,865.90	\$0.00	\$0.00	0.00%
	N		\$39,015.25	\$1,560.61	\$0.00	4.00%
	K N		\$39,906.25	\$1,596.25	\$0.00	4.00%
	J N		\$54,902.67	\$2,196.11	\$0.00	4.00%
	L N		\$28,285.88	\$0.00	\$0.00	0.00%
	L N		\$37,166.54	\$1,486.70	\$0.00	4.00%
	OLYN		\$7,591.29	\$0.00	\$0.00	0.00%
	N		\$118,556.43	\$3,728.77	\$0.00	3.15%
	N		\$21,149.39	\$766.67	\$0.00	3.63%
	H T N		\$28,720.49	\$1,148.82	\$0.00	4.00%
	N		\$37,101.23	\$1,275.47	\$0.00	3.44%
	N		\$30,933.70	\$1,016.55	\$0.00	3.29%
	N		\$30,636.00	\$0.00	\$0.00	0.00%
	N		\$60,337.71	\$2,413.55	\$0.00	4.00%
	N		\$43,763.70	\$1,750.56	\$0.00	4.00%
	P N		\$2,682.00	\$44.88	\$0.00	1.67%
	N		\$35,714.78	\$1,428.63	\$0.00	4.00%
	N		\$17,487.25	\$0.00	\$0.00	0.00%
	N		\$6,421.25	\$0.00	\$0.00	0.00%
	N		\$4,516.25	\$0.00	\$0.00	0.00%
	N		\$26,903.43	\$0.00	\$0.00	0.00%
	N		\$32,564.03	\$1,302.56	\$0.00	4.00%
	N		\$38,603.40	\$0.00	\$0.00	0.00%
	N		\$21,878.75	\$0.00	\$0.00	0.00%
	N		\$40,344.95	\$1,613.80	\$0.00	4.00%

Non-Highly Compensated Employees - Meets



Secured ID	Name	HCE	ACP Compensation	ER MIM	ACP Adjustment Amount	ACP %
		N	\$73,600.91	\$2,944.12	\$0.00	4.00%
		N	\$63,944.73	\$2,557.80	\$0.00	4.00%
		N	\$35,260.61	\$0.00	\$0.00	0.00%
		N	\$26,079.01	\$1,043.17	\$0.00	4.00%
		N	\$5,793.50	\$198.00	\$0.00	3.42%
		N	\$76,129.48	\$3,045.15	\$0.00	4.00%
		N	\$35,918.00	\$0.00	\$0.00	0.00%
		N	\$3,826.50	\$153.06	\$0.00	4.00%
		N	\$33,942.22	\$678.84	\$0.00	2.00%
		N	\$41,306.23	\$0.00	\$0.00	0.00%
		N	\$1,925.25	\$0.00	\$0.00	0.00%
		N	\$5,057.88	\$0.00	\$0.00	0.00%
		N	\$10,611.76	\$0.00	\$0.00	0.00%
		N	\$34,104.66	\$1,364.20	\$0.00	4.00%
		N	\$23,415.75	\$285.56	\$0.00	1.22%
		N	\$41,294.50	\$1,651.78	\$0.00	4.00%
		N	\$35,514.98	\$0.00	\$0.00	0.00%
		N	\$76,791.10	\$3,071.64	\$0.00	4.00%
		N	\$2,896.72	\$0.00	\$0.00	0.00%
		N	\$30,926.49	\$0.00	\$0.00	0.00%
		N	\$17,392.12	\$347.88	\$0.00	2.00%
		N	\$59,341.52	\$2,373.67	\$0.00	4.00%
		N	\$534.59	\$0.00	\$0.00	0.00%
		N	\$52,225.67	\$2,089.02	\$0.00	4.00%
		N	\$43,427.59	\$1,607.00	\$0.00	3.70%
		N	\$22,017.18	\$0.00	\$0.00	0.00%
		N	\$3,470.28	\$0.00	\$0.00	0.00%
		N	\$32,473.75	\$0.00	\$0.00	0.00%
		N	\$40,760.46	\$1,630.42	\$0.00	4.00%
		N	\$62,087.67	\$2,483.53	\$0.00	4.00%
		N	\$64,789.55	\$2,571.59	\$0.00	3.97%
		N	\$24,006.52	\$894.15	\$0.00	3.72%
		N	\$26,784.26	\$0.00	\$0.00	0.00%
		N	\$31,189.62	\$0.00	\$0.00	0.00%
		N	\$103,016.00	\$0.00	\$0.00	0.00%
		N	\$57,288.63	\$0.00	\$0.00	0.00%

Non-Highly Compensated Employees - Meets



Secured ID	Name	HCE	ACP Compensation	ER MIM	ACP Adjustment Amount	ACP %
		N	\$53,539.14	\$2,141.58	\$0.00	4.00%
		N	\$31,005.25	\$0.00	\$0.00	0.00%
		N	\$25,178.65	\$1,007.13	\$0.00	4.00%
		N	\$12,763.88	\$0.00	\$0.00	0.00%
		N	\$443.75	\$0.00	\$0.00	0.00%
		N	\$11,007.38	\$440.30	\$0.00	4.00%
		N	\$11,393.50	\$259.18	\$0.00	2.27%
		N	\$40,024.00	\$0.00	\$0.00	0.00%
		NNE	\$48,006.52	\$0.00	\$0.00	0.00%
		N	\$5,688.13	\$0.00	\$0.00	0.00%
		N	\$29,842.64	\$0.00	\$0.00	0.00%
		N	\$38,140.49	\$1,525.64	\$0.00	4.00%
		N	\$47,280.66	\$1,033.35	\$0.00	2.19%
		VN	\$34,711.32	\$1,388.45	\$0.00	4.00%
GRAND TOTAL:			\$6,675,453.13	\$163,876.44	\$0.00	366.34%
AVERAGES						1.89%
TOTAL IN GROUP				194		

Test results are based on data provided by you to Principal®. Please review the information to be sure you're in agreement with the data used for this testing period. You should consult with appropriate counsel, financial professionals, and other advisors on all matters pertaining to legal, tax, investment or accounting obligations and requirements.

Preparation of these calculations does not guarantee that the entire amount(s) shown will be eligible for a tax deduction as a retirement plan contribution. It is our understanding excess annual additions to a retirement plan are not eligible for a tax deduction. Because company tax information from prior years may be needed (such as credit carry forwards and contribution carryovers) we do not monitor deductibility limits. Please consult your tax advisor for information on deductibility limits for your plan under Internal Revenue Code Section 404(a).

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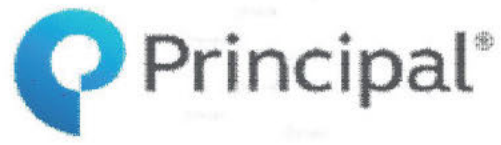
Life Care Pastoral Services
#4-43741
01/01/2022 - 12/31/2022

Ratio Percentage (Minimum Coverage) Test
Test results for the 401(m) provision for
employees who do meet the statutory
requirements

1. Nonhighly compensated employees benefiting.....	194
2. Nonhighly compensated employees.....	201
3. Percentage of nonhighly compensated employees benefiting.....	96.52%
4. Highly compensated employees benefiting.....	5
5. Highly compensated employees.....	5
6. Percentage of highly compensated employees benefiting.....	100.00%
Ratio percentage of nonhighly compensated employees benefiting to highly compensated employees benefiting (line 3 divided by line 6).....	96.52%

**This plan does pass the Ratio Percentage test (ratio must be at least 70% or have no Highly
Compensated Employees benefiting or have no Non-highly Compensated Employees on this test.)**

Test Run Date = 02/21/2024



Life Care Pastoral Services
#4-43741
01/01/2022 - 12/31/2022

Ratio Percentage (Minimum Coverage) Test
Test results for the 401(m) provision for employees
who do NOT meet the statutory entry requirements

1. Nonhighly compensated employees benefiting.....	249
2. Nonhighly compensated employees.....	261
3. Percentage of nonhighly compensated employees benefiting.....	95.40%
4. Highly compensated employees benefiting.....	0
5. Highly compensated employees.....	0
6. Percentage of highly compensated employees benefiting.....	0
Ratio percentage of nonhighly compensated employees benefiting to highly compensated employees benefiting (line 3 divided by line 6).....	0

This plan does pass the Ratio Percentage test (ratio must be at least 70% or have no Highly Compensated Employees benefiting or have no Non-highly Compensated Employees on this test.)

Test Run Date = 02/21/2024

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