Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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
AMERISTAR HOME CARE SERVICES L 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2020

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)
AMERISTAR HOME CARE SERVICES L

11616 QUEENS BLVD STE 204
FOREST HILLS, NY 11375

2b Employer Identification Number (EIN) 47-5006167

2c Sponsor's telephone number 718-337-1100

2d Business code (see instructions) 621610

3a Plan administrator's name and address [X] 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

5a Total number of participants at the beginning of the plan year	**5a**	152
b Total number of participants at the end of the plan year	**5b**	196
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	17
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	25
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	149
d(2) Total number of active participants at the end of the plan year	**5d(2)**	194
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	06/27/2024	LIYA YUSUPOVA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [ ] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	49788	114423
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	49788	114423
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	0	
(2) Participants	8a(2)	54426	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	13352	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		67778
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1240	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	1903	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3143
i Net income (loss) (subtract line 8h from line 8c)	8i		64635
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2T 3D

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		20000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☒ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** |

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☒ "Current year" ADP test
- ☐ N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 31 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704150A.

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

AMERISTAR HOMECARE SERVICES LLC
401(K) PROFIT SHARING PLAN AND TRUST AUDIT REPORT
FOR THE YEAR ENDED DECEMBER 31, 2022

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

Ameristar Homecare Services LLC 401(k) Profit Sharing Plan and Trust Audit Report For the Year Ended December 31, 202

Table of Contents

Independent Auditor's Report 1 - 2

Financial Statements:

Statement of Net Assets Available for Benefits 4

Statement of Changes in Net Assets Available for Benefits 5

Notes to the Financial Statements 6 -12

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

V. BATHIJA ASSOCIATES CPA, PLLC
10 Times Square. 1441 Broadway. Suite 3039
New York, NY 10018
P:646-569-5506| C:347-640-0823| F: 917-634-3765

INDEPENDENT AUDITOR'S REPORT

Plan Administrators
Ameristar Homecare Services LLC
401(k) Profit Sharing Plan and Trust
1455 W River Rd
Tucson AZ 85704

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

We have performed audits of the financial statements of Ameristar Homecare Services LLC 401(k) Profit Sharing Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022, and 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.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Ameristar Homecare Services LLC 401(k) Profit Sharing Plan and Trust 's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by Mid Atlantic Trust Company carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the Mid Atlantic Trust Company in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Opinion

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

• the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

• the information in the accompanying financial statements related to assets held by 3 and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Ameristar Homecare Services LLC 401(k) Profit Sharing Plan and Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Management's Responsibility for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

As described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.

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

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

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

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

Other Matter

The supplemental schedules are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.



For V. BATHIJA ASSOCIATES CPA, PLLC

November 13, 2023

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

Ameristar Homecare Services LLC 401(k) Profit Sharing Plan and Trust
Statement of Net Assets Available for Benefits
December 31, 2022

Non-interest-bearing cash		-
Investments, at fair value	$	49,788
Participant contributions receivable		-
Notes receivable from participants		-
Other receivables		-
Net assets available for benefits	**$**	**49,788**

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

Ameristar Homecare Services LLC 401(k) Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022

Additions:	
Investment income:	
Interest and dividends	2,350
Net appreciation in fair value of investments	(7,382)
Net investment income	**(5,032)**
Interest income on notes receivable from participants	-
Contributions:	
Employer	-
Participant	34,641
Rollover	-
Total contributions	**34,641**
Total additions	**29,609**
Deductions:	
Benefits paid to participants	-
Interest expense	-
Administrative expenses	1,010
Total deductions	**1,010**
Net increase	28,599
Net assets available for benefits:	
Beginning of the year	21,189
End of the year	**49,788**

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

Ameristar Homecare Services LLC 401(k) Profit Sharing Plan and Trust
Notes to the Financial Statements

1. Description of Plan

The following brief description of the Ameristar Homecare Services LLC 401(k) Profit Sharing Plan and Trust is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a Section 401(k) defined contribution plan with salary deferral provisions, which was established on January 1, 2020. Under the Plan, all employees of Ameristar Homecare Services LLC (Company) who have attained the age of Twenty-One are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – Each year, participants may make pretax deferred savings contributions in the form of salary deductions, up to the maximum allowed by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company, at its sole discretion, may elect to make a contribution to the Plan on behalf of all eligible employees. The Company made no discretionary contribution during the plan year ended December 31, 2022.

Participants' Accounts – Each participant's account is credited with the participant's contributions, an allocation of the Company's contribution (if any), and gains and losses from the investment funds selected. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – A participant is fully vested in participant contributions, plus actual earnings, gains, and losses thereon, at all times. Employer contributions and earnings thereon become vested after completion of six years of service or upon death, disability, or normal retirement.

Payment of Benefits – A participant's account balance may be withdrawn upon retirement, death, disability, or termination of employment as defined by the Plan. Benefits are payable in either a single lump-sum amount, or installment if the vested value of the participant's account is greater than $5,000. If the vested interest is less than $5,000, the participant may only receive the distribution in a lump sum. In-service withdrawals from transfer accounts, distributions after age 59½ and hardship distributions are also allowed by the Plan.

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well asheld during the year.

Payment of Benefits – Benefits are recorded when paid.

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

Subsequent Events – Subsequent events have been evaluated through March 31, 2023, which is the date the financial statements were available to be issued.

3. Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate (Mid Atlantic Trust), the Plan's custodian, as of December 31:

	2022
Investments, at fair value	**$ 49,788**
Interest and dividends from investments	**2,350**
Net appreciation in fair value of investments	**(7,382)**

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

4. Fair Value of Financial Instruments

The Plan discloses its assets that are measured at fair value in the Statements of Net Assets Available for Benefits by level within the fair value hierarchy as defined by applicable accounting standards:

Level 1: Quoted market prices in active markets for identical assets or liabilities

Level 2: Other observable market-based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs that cannot be corroborated by market data that reflect the reporting entity's own assumptions.

The following tables set forth, by level within the fair value hierarchy, a summary of the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2022.

On December 31, 2022, the Plan's financial instruments measured at fair value on a recurring basis were categorized as follows:

Name of the Fund	Level 1	Level 2	Level 3	Total
Money Market Fund	49,788	-	-	49,788
Mutual funds		-	-	
Total	$ 49,788	$ -	$ -	$ 49,788

5. Plan Termination

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time. The termination of the Plan is subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in the Company's discretionary contribution portion of their account.

6. Tax Status

The Plan as amended and restated as of May 20, 2022, is an individually designed plan. While the restated Plan document does not have a determination letter from the IRS, the Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has concluded that as of December 31, 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

7. Risks and Uncertainties

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

DocuSign Envelope ID: CC56F793-F096-42F6-841E-B8BD5D29066B

EIN: 47-5006167 **Plan Number: 001**

(a) Identify of Issuer, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	** (c) Cost	(d) Current Value
* Money market fund, Schwab Value Advantage Money Fund			
T C EQ IDX INSTL	4.60	27.15	125
VNGRD SMCP VAL ADML	3.25	68.25	222
VNGRD BL IND ADML	10.52	39.65	417
VNGRD VAL INDX	4.35	54.76	238
ISHR MSC EF IL IDX K	32.30	13.27	429
SSGA TG RET 2020 K	128.17	10.08	1,292
SSGA TG RET 2025 K	109.29	10.79	1,179
SSGA TG RET 2030 K	891.12	11.26	10,034
SSGA TG RET 2035 K	174.27	11.75	2,048
SSGA TG RET 2040 K	29.11	11.88	346
SSGA TG RET 2045 K	937.73	12.16	11,403
SSGA TG RET 2050 K	88.51	12.08	1,069
SSGA TG RET 2055 K	680.69	12.36	8,413
SSGA TG RET 2060 K	824.60	12.49	10,299
SSGA AGG BOND IND K	4.91	84.80	416
SS GLB AC EQ X-USI K	6.84	90.58	620
SSGA EQ 500 IND K	1.47	287.55	424
FDL MID CAP INDEX	16.16	25.92	419
FDL SMALL CAP INDEX	18.19	21.70	395
Money Market funds			**$ 49,788**
* Non-interest-bearing cash			0
Total assets held for investment purposes			**$ 49,788**