

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [] Form 5558 [] automatic extension... 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 STARFISH FAMILY SERVICES, INC. DC PLAN 1b Three-digit plan number (PN) 002 1c Effective date of plan 03/01/2001 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) STARFISH FAMILY SERVICES, INC. 30000 HIVELEY STREET INKSTER, MI 48141-1089 2b Employer Identification Number (EIN) 38-2230416 2c Plan Sponsor's telephone number 734-713-9290 2d Business code (see instructions) 624100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	706
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	464
	6a(2)	522
	6b	
	6c	207
	6d	729
	6e	1
	6f	730
	6g(1)	673
6g(2)	686	
6h		
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 2T

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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

2023

This Form is Open to Public Inspection

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

A Name of plan STARFISH FAMILY SERVICES, INC. DC PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 STARFISH FAMILY SERVICES, INC.		D Employer Identification Number (EIN) 38-2230416

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

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	330616	221	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1708560
5	Current value of plan's interest under this contract in separate accounts at year end.....	5236521
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year.....	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1665080
c	Additions: (1) Contributions deposited during the year	7c(1) 81361
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3) 77059
	(4) Transferred from separate account.....	7c(4) 31135
	(5) Other (specify below)	7c(5) 165
	▶ OTHER ADDITIONS	
	(6) Total additions	7c(6) 189720
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1854800
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 68039
	(2) Administration charge made by carrier	7e(2)
	(3) Transferred to separate account.....	7e(3) 71519
	(4) Other (specify below)	7e(4) 6682
▶ OTHER DEDUCTIONS		
	(5) Total deductions	7e(5) 146240
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 1708560

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan STARFISH FAMILY SERVICES, INC. DC PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STARFISH FAMILY SERVICES, INC.	D Employer Identification Number (EIN) 38-2230416	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

TEACHERS INS. AND ANNUITY ASSOC.

13-1624203

(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 50	CONTRACT ADMINISTRATOR	45433	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SENTINEL PENSION ADVISORS

04-3422848

(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 50	FINANCIAL ADVISOR	19344	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GJC CPA'S & ADVISORS

38-2029668

(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?
10 50	AUDITOR	10500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>STARFISH FAMILY SERVICES, INC. DC PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STARFISH FAMILY SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>38-2230416</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE FUND</u>	
b Name of sponsor of entity listed in (a):	<u>TEACHERS INSURANCE AND ANNUITY ASSOCIATION</u>	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>13-1624203-004</u>	<u>P</u>	<u>455019</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan STARFISH FAMILY SERVICES, INC. DC PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 STARFISH FAMILY SERVICES, INC.	D Employer Identification Number (EIN) 38-2230416

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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	601172
(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)	31495
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	455019
(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)	10180499
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1708560
(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	10115564	12976745
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10115564	12976745

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)	795514	
(B) Participants	2a(1)(B)	1245875	
(C) Others (including rollovers)	2a(1)(C)	29922	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		2071311
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)	1060	
(F) Other	2b(1)(F)	16954	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18014
(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)	133954	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		133954
(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)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	60105	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-70855
(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)		1669491
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3882020

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	944555	
(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)		944555
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	45433	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	10500	
(5) Investment advisory and investment management fees	2i(5)	19344	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1007	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		76284
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1020839

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2861181
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: **GJC CPA'S & ADVISORS**

(2) EIN: **38-2029668**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
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	
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?		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?.....		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		
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.).....		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>STARFISH FAMILY SERVICES, INC. DC PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STARFISH FAMILY SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>38-2230416</u>	

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	
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): <u>13-1624203</u>		
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	72

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

STARFISH FAMILY SERVICES, INC. DC PLAN

FINANCIAL STATEMENTS
(With Supplementary Information)

December 31, 2023 and 2022



STARFISH FAMILY SERVICES, INC. DC PLAN

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INDEPENDENT AUDITOR'S REPORT

April 24, 2024

To the Plan Administrator
Starfish Family Services, Inc. DC Plan

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

We have performed audits of the financial statements of the Starfish Family Services, Inc. DC Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("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 December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, as well as the related notes to the financial statements.

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

The Plan's management has obtained certifications from a qualified institution as of, and for the years ended, December 31, 2023 and 2022, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the 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 ("U.S. GAAP").

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INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Opinion (continued)

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

In performing an audit in accordance with U.S. GAAS:

- We exercise professional judgment and maintain professional skepticism throughout the audit.
- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and we design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- We evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, and we evaluate the overall presentation of the financial statements.
- We conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023 is presented for the purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Supplemental Schedules Required by ERISA (continued)

The information included in the supplemental schedule, other than that agreed to, or derived from, the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedule that agreed to, or is derived from, the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

GSC CPAs & Advisors

Detroit, Michigan

STARFISH FAMILY SERVICES, INC. DC PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets:		
Participant-directed investments (Note E):		
Investments at fair value:		
Registered investment companies, other than Access Funds	\$ 9,461,698	\$ 6,819,460
Fixed annuity contracts	1,708,560	1,665,080
Money market funds	601,172	544,733
	<u>11,771,430</u>	<u>9,029,273</u>
Total Investments at Fair Value		
Investments measured at net asset value:		
Registered investment companies – Access Funds	718,801	548,932
Pooled separate accounts	455,019	520,070
	<u>1,173,820</u>	<u>1,069,002</u>
Total Investments Measured at Net Asset Value		
Total Investments	12,945,250	10,098,275
Notes receivable from participants	31,495	17,289
	<u>31,495</u>	<u>17,289</u>
Net Assets Available for Benefits	<u>\$ 12,976,745</u>	<u>\$ 10,115,564</u>

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Additions:		
Contributions:		
Participant contributions	\$ 1,245,875	\$ 1,038,198
Employer contributions	795,514	702,453
Participant rollovers	29,922	126,455
	<u>2,071,311</u>	<u>1,867,106</u>
Interest and dividend income	150,908	100,444
Net realized and unrealized appreciation in fair value of investments	1,658,741	-0-
Interest income on notes receivable from participants	1,060	805
	<u>3,882,020</u>	<u>1,968,355</u>
Deductions:		
Net realized and unrealized depreciation in fair value of investments	-0-	1,672,010
Distributions to participants	944,555	1,052,290
Administrative expenses	76,284	62,342
	<u>1,020,839</u>	<u>2,786,642</u>
Change in Net Assets Available for Benefits	2,861,181	(818,287)
Net Assets Available for Benefits, Beginning of Year	<u>10,115,564</u>	<u>10,933,851</u>
Net Assets Available for Benefits, End of Year	<u>\$ 12,976,745</u>	<u>\$ 10,115,564</u>

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE A — DESCRIPTION OF THE PLAN

General

The following brief description of the Starfish Family Services, Inc. DC Plan (the “Plan”) is provided for general informational purposes only. Participants should refer to the Plan document and amendments for more details regarding the Plan.

The Plan is a contributory Internal Revenue Code (the “IRC”) section 403(b) defined contribution retirement plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan was established on May 27, 2001, and was most recently amended on January 1, 2022, to provide a tax-deferred retirement savings vehicle for eligible employees of Starfish Family Services, Inc. (the “Organization”).

Eligibility

All employees (except for students) become eligible to participate in the plan immediately upon hire. Employees who are age 21 and older and have completed one year of service are eligible to receive safe harbor matching contributions.

Eligible employees are automatically enrolled on the first day of the month on or immediately following their date of hire. Except for participants who elect otherwise, all participants will initially have three percent of their compensation withheld and contributed as an elective deferral. On the first day of every calendar year thereafter, the deferral rate will increase by one percent, up to a maximum of 10 percent of each participant’s compensation being withheld.

Contributions

Participants are allowed to contribute a portion of their compensation on a pre-tax basis. Under the Plan, and subject to limitations imposed by the IRC, participants may elect to contribute up to 100 percent of their pre-tax annual compensation. Participants who have attained the age of 50 are eligible to make additional pre-tax catch-up contributions. Participants who have attained 15 years of service may also elect to make special 403(b) contributions. Pre-tax and applicable catch-up contributions are excluded from a participant’s taxable income. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution pension plans.

The Organization has elected to make a safe harbor matching contribution on behalf of each eligible participant. The safe harbor matching contribution is equal to 100 percent of an eligible participant’s first five percent of compensation contributed as elective deferrals, which is the maximum employer match. Eligibility to receive the safe harbor matching contribution is achieved on the first day of the month following the satisfactory completion of eligibility requirements. Contributions are subject to certain limitations.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Organization's matching contributions, and an allocation of the Plan's earnings. Allocations are based on the participant's earnings or account balances, as defined by the Plan.

Investment expenses charged by certain of the Plan's investments are paid directly from the underlying assets of the respective investment and are included in net appreciation or depreciation in fair value of each type of investment. Substantially all other charges related to the administration of the Plan are paid by the Plan.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Distributions

Distributions are made upon the occurrence of any one of the following:

- Termination of employment
- Death of the participant
- Hardship withdrawal
- In-service withdrawal of the participant beyond age 59½

On termination of employment due to death, disability, or normal retirement, a participant will receive an amount equal to the value of the participant's interest in his or her account either as a lump-sum, a single-sum distribution of a portion of the account balance, installment payments, or a distribution in the form of an annuity contract. For termination of employment for other reasons, a participant may receive the value of the interest in his or her account as a lump-sum distribution.

Withdrawals from a participant's account may be made in the event of a financial hardship, in accordance with the provisions specified by the Plan. Withdrawals from a participant's rollover account may also be withdrawn at any time, in accordance with the provisions specified by the Plan. Additionally, in-service withdrawals are allowed in accordance with the provisions specified in the Plan for participants who have attained the age of 59½.

Vesting

Participants are immediately vested in all of their contributions and earnings as well as any employer safe harbor matching contributions and earnings, regardless of length of service.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)

Investment Options

Upon enrollment in the Plan, a participant may direct contributions in any of several investment options selected by the Plan administrator. These investment options are offered by the Teachers Insurance and Annuity Association – College Retirement Equities Fund (“TIAA-CREF”), which is the Plan’s custodian.

Notes Receivable from Participants

Generally, participants may borrow from the Plan a minimum of \$1,000. The maximum amount which may be borrowed is the lesser of 50 percent of the participant’s vested account balance or \$50,000, less the highest outstanding loan balance in the 12-month period prior to the new loan. The loans are secured by the balance in the participants’ accounts and bear interest rates commensurate with local prevailing rates, as determined by the Plan administrator. Loan terms range from one to five years, or up to ten years for the purchase of a primary residence.

Administration

The Plan administrator is responsible for general administration of the Plan for the exclusive benefit of the Plan’s participants and their beneficiaries, subject to the specific terms of the Plan. Assets of the Plan are held and administered by TIAA-CREF, the Plan’s custodian. It is TIAA-CREF’s responsibility to invest Plan assets in accordance with participants’ directions, or as otherwise provided in the trust agreement, and to issue distributions to participants. TIAA-CREF is also responsible for daily administration of Plan activity.

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investments

The Plan’s investments are stated at fair value. Fair value is defined as 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 (an exit price).

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments (continued)

The Plan's investments are valued as follows:

- Shares of registered investment companies, other than Teachers Insurance and Annuity Association ("TIAA") Access Funds, and units of money market funds are valued at quoted market prices, which represent the net asset value of shares or units held by the Plan as of the end of the year.
- The TIAA Traditional Annuity is a guaranteed annuity account issued by TIAA that invests in the general assets of TIAA and is offered through a variety of contracts, including Retirement Annuity ("RA"), Supplemental Retirement Annuities ("SRA"), Group Retirement Annuity ("GRA"), Group Supplemental Retirement Annuities ("GSRA"), Retirement Choice ("RC"), and Retirement Choice Plus ("RCP") annuities, Individual Retirement Accounts, and Keoghs. TIAA considers RA and GRA contracts to be non-benefit responsive. However, since there are no specific securities in TIAA's general account related to these contracts, for all contracts, contract value is the best estimate of fair value. Contract value represents the principal invested plus interest earned, less any withdrawals.
- Investments in TIAA Access Funds are stated at their estimated net asset value, which is computed by TIAA-CREF periodically to give effect to net realized gains or losses and changes in the fair value of fund assets. The fair value for the underlying investments held by these funds is based on the market prices of the underlying investments, or similar investments where market values are not available.
- Investments in pooled separate accounts are valued at the net asset value per share (or its equivalent) of the funds, which is valued based on the fair values of the underlying assets. These assets consist primarily of rental property subject to long-term leases. The net asset value has been estimated on the basis of future rental receipts and estimated residual values discounted at interest rates commensurate with the risks involved.

Purchases and sales of investments are reflected on a trade-date basis. Gains and losses on sales of securities are based on average costs. Dividend income of the investment accounts is recorded on the ex-dividend date. Income from investments is recorded as earned on an accrual basis. Net appreciation and depreciation include the Plan's gains and losses on investments bought and sold, as well as held, during the year.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are recorded at cost plus accrued interest. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant note receivable balance is reduced and a distribution is recorded. A valuation allowance for credit losses is not considered necessary as of December 31, 2023 or 2022.

Fair Value Measurements

The Plan uses fair value measurements in the preparation of its financial statements, which utilize various inputs, including those that can be readily observable, corroborated, or are generally unobservable. The Plan utilizes market-based data and valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Additionally, the Plan applies assumptions that market participants would use in pricing an asset or liability, including assumptions about risk.

The measurement of fair value includes a hierarchy based on the quality of inputs used to measure fair value. Financial assets and liabilities are categorized into this three-level fair value hierarchy based on the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs.

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

- Level 1 — Financial assets and liabilities whose values are based on unadjusted quoted market prices for identical assets and liabilities in an active market that the Plan has the ability to access
- Level 2 — Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable for substantially the full term of the asset or liability
- Level 3 — Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (continued)

The use of observable market data, when available, is required in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

Contributions

Participant and employer contributions are recorded in the period that payroll deductions are made from participants. Participants' pre-tax and after-tax contributions are paid to the Plan when amounts can be reasonably segregated.

Payment of Distributions

Distributions to Plan participants are recorded when paid.

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, as well as disclosure of contingent assets and liabilities, at the date of the financial statements, and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities, such as registered investment companies, fixed annuity contracts, money market funds, and pooled separate accounts. Investment securities in general are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Subsequent Events

The Plan's management has evaluated subsequent events through April 24, 2024, the date that the accompanying financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE C — INCOME TAX STATUS

The Plan has not applied for a determination letter from the Internal Revenue Service (the “IRS”) that would state that the Plan’s design was in compliance with the applicable requirements of the IRC since the IRS does not issue determination letters for pension plans established under section 403(b) of the IRC. However, the Organization and the Plan’s tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. In addition, the Plan administrator is not aware of any uncertain tax positions or unrecognized tax benefits as of December 31, 2023 or 2022. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

NOTE D — PLAN TERMINATION

Although it has expressed no intention to do so, the Organization has the right under the plan to discontinue its contributions at any time and to terminate the Plan, subject to the requirements of ERISA.

NOTE E — INVESTMENTS AND FAIR VALUE

The following is a summary of information regarding the Plan, included in the Plan’s financial statements, that was obtained or derived from information provided to the Plan administrator, and was certified as complete and accurate, by the custodian, TIAA-CREF. Information included in the supplemental schedule of assets (held at end of year) was also obtained from, and certified as complete and accurate by, the custodian.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE E — INVESTMENTS AND FAIR VALUE (CONTINUED)

Assets certified by the custodian, as well as the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis, as of December 31, 2023 and 2022 are summarized as follows:

	<u>Fair Value Measurements</u>			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
2023				
Certified Assets:				
Investments at fair value:				
Registered investment companies, other than Access Funds	\$ 9,461,698	\$ -0-	\$ -0-	\$ 9,461,698
Fixed annuity contracts			1,708,560	1,708,560
Money market funds	601,172			601,172
	<u>601,172</u>			<u>601,172</u>
Total Investments at Fair Value	<u>\$ 10,062,870</u>	<u>\$ -0-</u>	<u>\$ 1,708,560</u>	<u>11,771,430</u>
Investments measured at net asset value:				
Registered investment companies – Access Funds				718,801
Pooled separate accounts				455,019
				<u>1,173,820</u>
Total Investments Measured at Net Asset Value				<u>1,173,820</u>
Total Investments				12,945,250
Notes receivable from participants				31,495
				<u>31,495</u>
Total Certified Assets				<u>\$ 12,976,745</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE E — INVESTMENTS AND FAIR VALUE (CONTINUED)

	<u>Fair Value Measurements</u>			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
2022				
Certified Assets:				
Investments at fair value:				
Registered investment companies, other than Access Funds	\$ 6,819,460	\$ -0-	\$ -0-	\$ 6,819,460
Fixed annuity contracts			1,665,080	1,665,080
Money market funds	544,733			544,733
	<u>544,733</u>			<u>544,733</u>
Total Investments at Fair Value	<u>\$ 7,364,193</u>	<u>\$ -0-</u>	<u>\$ 1,665,080</u>	<u>9,029,273</u>
Investments measured at net asset value:				
Registered investment companies – Access Funds				548,932
Pooled separate accounts				520,070
				<u>548,932</u>
Total Investments Measured at Net Asset Value				<u>1,069,002</u>
Total Investments				10,098,275
Notes receivable from participants				17,289
				<u>17,289</u>
Total Certified Assets				<u>\$ 10,115,564</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE E — INVESTMENTS AND FAIR VALUE (CONTINUED)

Investment income (loss) certified by the custodian for the years ended December 31, 2023 and 2022 is as follows:

	<u>2023</u>	<u>2022</u>
Interest and dividend income	\$ 150,908	\$ 100,444
Net realized and unrealized appreciation (depreciation) in fair value of investments	1,658,741	(1,672,010)
Interest income on notes receivable from participants	<u>1,060</u>	<u>805</u>
Net Certified Investment Income (Loss)	<u>\$ 1,810,709</u>	<u>\$ (1,570,761)</u>

Unobservable inputs related to the Plan's Level 3 assets as of December 31, 2023 and 2022 are as follows:

	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Unobservable Input</u>	<u>Range (Weighted Average)</u>
2023				
Fixed annuity contracts:				
TIAA Traditional Annuity	\$1,708,560	Discounted cash flow	Risk-adjusted discount rate applied	RA 4.00% – 6.75% SRA 3.25% – 6.00% GRA 4.00% – 6.75% GSRA 3.25% – 6.00% RC 4.25% – 7.00% RCP 3.50% – 6.25%
		Theoretical transfer (exit value)		
2022				
Fixed annuity contracts:				
TIAA Traditional Annuity	\$1,665,080	Discounted cash flow	Risk-adjusted discount rate applied	RA 3.70% – 6.25% SRA 3.00% – 5.50% GRA 3.70% – 6.25% GSRA 3.00% – 5.50% RC 3.95% – 6.50% RCP 3.20% – 5.75%
		Theoretical transfer (exit value)		

TIAA Traditional Annuity account balances are reported at contract value. The contract value is the aggregation of contributions, plus interest, less withdrawals, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)**December 31, 2023 and 2022****NOTE E — INVESTMENTS AND FAIR VALUE (CONTINUED)**

The contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with the TIAA Traditional Annuity's historical crediting rates. TIAA has concluded that the fair value of the TIAA Traditional Annuity does not differ significantly from contract value.

Generally, there are not any events that could limit the ability of the Plan to transact at contract value with payments made within 90 days or, in rare circumstances, paid over time. There are not any events that allow the issuer to terminate the contract and which require the Plan sponsor to settle at an amount different than the contract value paid either within 90 days or over time.

The Plan holds shares or interests in TIAA Access Funds for which the fair value of the investments held is estimated based on the net asset value per share (or its equivalent) of these registered investment companies.

There were no unfunded commitments or trading restrictions on the TIAA Traditional Annuity account or the TIAA Access Funds.

A summary of certain changes in the fair value of the Plan's Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2023 and 2022 is as follows:

	<u>Fixed Annuity Contracts</u>	
	<u>2023</u>	<u>2022</u>
Purchases	\$ 129,916	\$ 256,833
Sales	146,541	98,307

There were no transfers of assets into or out of Level 3 during the years ended December 31, 2023 or 2022.

NOTE F — PARTY-IN-INTEREST TRANSACTIONS

The Plan's assets include investment funds managed by TIAA-CREF or its affiliates. TIAA-CREF is the Plan's custodian and recordkeeper. Therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTARY INFORMATION

STARFISH FAMILY SERVICES, INC. DC PLAN
(Federal Employer Identification Number: 38-2230416; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies:			
	College Retirement Equities Fund ("CREF") and other funds valued at quoted prices in active markets:			
*	CREF Stock Fund, Class R1	1,615 shares	(a)	\$ 1,241,050
*	CREF Social Choice Fund, Class R1	622 shares	(a)	206,084
*	CREF Bond Market Fund, Class R1	1,655 shares	(a)	212,874
*	CREF Global Equities Fund, Class R1	1,795 shares	(a)	513,259
*	CREF Growth Fund, Class R1	2,183 shares	(a)	853,112
*	CREF Equity Index Fund, Class R1	1,428 shares	(a)	584,285
*	CREF Inflation-Linked Bond Fund, Class R1	2,560 shares	(a)	205,142
	DFA U.S. Small Cap Value Portfolio Institutional Class	164 shares	(a)	7,371
*	TIAA-CREF Lifecycle Index 2020 Fund, Institutional Shares	6,216 shares	(a)	115,188
*	TIAA-CREF Lifecycle Index 2025 Fund, Institutional Shares	14,228 shares	(a)	293,230
*	TIAA-CREF Lifecycle Index 2030 Fund, Institutional Shares	12,975 shares	(a)	293,357
*	TIAA-CREF Lifecycle Index 2035 Fund, Institutional Shares	13,341 shares	(a)	329,001
*	TIAA-CREF Lifecycle Index 2040 Fund, Institutional Shares	25,047 shares	(a)	661,747
*	TIAA-CREF Lifecycle Index 2045 Fund, Institutional Shares	12,624 shares	(a)	347,676
*	TIAA-CREF Lifecycle Index 2050 Fund, Institutional Shares	33,012 shares	(a)	922,343
*	TIAA-CREF Lifecycle Index 2055 Fund, Institutional Shares	23,271 shares	(a)	524,989
*	TIAA-CREF Lifecycle Index 2060 Fund, Institutional Shares	16,707 shares	(a)	292,041
*	TIAA-CREF Lifecycle Index 2065 Fund, Institutional Shares	5,565 shares	(a)	69,622
*	TIAA-CREF Lifecycle Index Retirement Income Fund, Institutional Shares	2,748 shares	(a)	42,847
	Vanguard Mid-Cap Index Fund, Admiral Shares	478 shares	(a)	137,624
	Vanguard Total Bond Market Index Fund, Admiral Shares	1,801 shares	(a)	17,485
	Vanguard 500 Index Fund, Admiral Shares	1,318 shares	(a)	579,988
	Vanguard Small Cap Index Fund, Admiral Shares	79 shares	(a)	8,050
	Vanguard Total International Stock Index Fund, Admiral Shares	3,111 shares	(a)	96,846
	Prudential Total Return Bond Fund	19,968 shares	(a)	240,809
	MFS Value Fund, Class R6	839 shares	(a)	39,648

STARFISH FAMILY SERVICES, INC. DC PLAN
(Federal Employer Identification Number: 38-2230416; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in- Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
Registered Investment Companies				
(continued):				
CREF and other funds valued at quoted prices in active markets (continued):				
	Harbor Capital Appreciation Rights Fund	4,856 shares	(a)	\$ 469,821
	Allspring Special Mid-Cap Value Fund, Class R6	1,082 shares	(a)	49,786
	MassMutual Select Mid-Cap Grade Equity Fund II	291 shares	(a)	5,760
	Goldman Sachs GQG Partners International Opportunities Fund, Class R6	2,846 shares	(a)	56,344
	Putnam Small Cap Growth Fund, Class R6	274 shares	(a)	17,607
	Amana Mutual Funds Trust Growth Fund, Institutional Shares	28 shares	(a)	2,025
	Praxis Growth Index Fund, Class I	54 shares	(a)	2,002
	Praxis Value Index Fund, Class I	1,314 shares	(a)	22,685
				9,461,698
Teachers Insurance and Annuity Association ("TIAA") Access Funds measured at net asset value as a practical expedient:				
*	TIAA Access Bond Plus Fund, Class T4	16 shares	(a)	620
*	TIAA Access Equity Index Fund, Class T4	250 shares	(a)	24,738
*	TIAA Access Growth and Income Fund, Class T4	73 shares	(a)	8,370
*	TIAA Access International Equity Fund, Class T4	3,839 shares	(a)	138,572
*	TIAA Access Large Cap Growth Fund, Class T4	293 shares	(a)	40,749
*	TIAA Access Large Cap Value Fund, Class T4	491 shares	(a)	32,248
*	TIAA Access Lifestyle 2020 Fund, Class T4	699 shares	(a)	37,102
*	TIAA Access Lifestyle 2025 Fund, Class T4	265 shares	(a)	14,663
*	TIAA Access Lifestyle 2030 Fund, Class T4	413 shares	(a)	23,782
*	TIAA Access Lifestyle 2035 Fund, Class T4	503 shares	(a)	30,630
*	TIAA Access Lifestyle 2040 Fund, Class T4	769 shares	(a)	50,092
*	TIAA Access Lifestyle 2045 Fund, Class T4	206 shares	(a)	13,396
*	TIAA Access Lifestyle 2050 Fund, Class T4	2,096 shares	(a)	136,608
*	TIAA Access Lifestyle 2055 Fund, Class T4	535 shares	(a)	35,187
*	TIAA Access Lifestyle 2060 Fund, Class T4	121 shares	(a)	5,599
*	TIAA Access Mid-Cap Growth Fund, Class T4	328 shares	(a)	26,390
*	TIAA Access Mid-Cap Value Fund, Class T4	334 shares	(a)	21,847
*	TIAA Access Real Estate Securities Fund, Class T4	359 shares	(a)	17,569

STARFISH FAMILY SERVICES, INC. DC PLAN
(Federal Employer Identification Number: 38-2230416; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
Registered Investment Companies				
(continued):				
	TIAA Access Funds measured at net asset value as a practical expedient (continued):			
*	TIAA Access Small Cap Blended Index Fund, Class T4	387 shares	(a)	\$ 27,820
*	TIAA Access Quantity Small Cap Equities Fund, Class T4	368 shares	(a)	28,437
*	TIAA Access Social Choice Equities Fund, Class T4	46 shares	(a)	<u>4,382</u>
				<u>718,801</u>
				<u>10,180,499</u>
Fixed Annuity Contracts:				
*	TIAA Traditional Annuity	Contract #330616	(a)	<u>1,708,560</u>
Money Market Funds:				
*	CREF Money Market Fund, Class R1	8,891 units	(a)	246,895
	Vanguard Federal Money Market Fund, Investor Shares	354,277 units	(a)	<u>354,277</u>
				<u>601,172</u>
Pooled Separate Accounts:				
*	TIAA Real Estate Fund	946 units	(a)	<u>455,019</u>
Notes Receivable from Participants:				
*	Participant loans	Notes receivable; interest rates ranged from 4.25 percent to 9.50 percent during 2023	\$ -0-	<u>31,495</u>
				<u><u>\$ 12,976,745</u></u>

* – Represents party-in-interest

(a) – These are participant-directed investments; therefore, the cost is not required to be reported.

There were no investment assets reportable as acquired and disposed of during the year ended December 31, 2023.

STARFISH FAMILY SERVICES, INC. DC PLAN
(Federal Employer Identification Number: 38-2230416; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in- Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies:			
	College Retirement Equities Fund ("CREF") and other funds valued at quoted prices in active markets:			
*	CREF Stock Fund, Class R1	1,615 shares	(a)	\$ 1,241,050
*	CREF Social Choice Fund, Class R1	622 shares	(a)	206,084
*	CREF Bond Market Fund, Class R1	1,655 shares	(a)	212,874
*	CREF Global Equities Fund, Class R1	1,795 shares	(a)	513,259
*	CREF Growth Fund, Class R1	2,183 shares	(a)	853,112
*	CREF Equity Index Fund, Class R1	1,428 shares	(a)	584,285
*	CREF Inflation-Linked Bond Fund, Class R1	2,560 shares	(a)	205,142
	DFA U.S. Small Cap Value Portfolio Institutional Class	164 shares	(a)	7,371
*	TIAA-CREF Lifecycle Index 2020 Fund, Institutional Shares	6,216 shares	(a)	115,188
*	TIAA-CREF Lifecycle Index 2025 Fund, Institutional Shares	14,228 shares	(a)	293,230
*	TIAA-CREF Lifecycle Index 2030 Fund, Institutional Shares	12,975 shares	(a)	293,357
*	TIAA-CREF Lifecycle Index 2035 Fund, Institutional Shares	13,341 shares	(a)	329,001
*	TIAA-CREF Lifecycle Index 2040 Fund, Institutional Shares	25,047 shares	(a)	661,747
*	TIAA-CREF Lifecycle Index 2045 Fund, Institutional Shares	12,624 shares	(a)	347,676
*	TIAA-CREF Lifecycle Index 2050 Fund, Institutional Shares	33,012 shares	(a)	922,343
*	TIAA-CREF Lifecycle Index 2055 Fund, Institutional Shares	23,271 shares	(a)	524,989
*	TIAA-CREF Lifecycle Index 2060 Fund, Institutional Shares	16,707 shares	(a)	292,041
*	TIAA-CREF Lifecycle Index 2065 Fund, Institutional Shares	5,565 shares	(a)	69,622
*	TIAA-CREF Lifecycle Index Retirement Income Fund, Institutional Shares	2,748 shares	(a)	42,847
	Vanguard Mid-Cap Index Fund, Admiral Shares	478 shares	(a)	137,624
	Vanguard Total Bond Market Index Fund, Admiral Shares	1,801 shares	(a)	17,485
	Vanguard 500 Index Fund, Admiral Shares	1,318 shares	(a)	579,988
	Vanguard Small Cap Index Fund, Admiral Shares	79 shares	(a)	8,050
	Vanguard Total International Stock Index Fund, Admiral Shares	3,111 shares	(a)	96,846
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STARFISH FAMILY SERVICES, INC. DC PLAN
(Federal Employer Identification Number: 38-2230416; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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December 31, 2023

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