

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan CAREPOINT RETIREMENT PLAN	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan	01/01/2003	
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) CAREPOINT, INC. 997 MORRISON DRIVE # 300 CHARLESTON, SC 29403	2b Employer Identification Number (EIN)	57-0992399	
	2c Sponsor's telephone number	843-853-6999	
	2d Business code (see instructions)	446110	
	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		
5a Total number of participants at the beginning of the plan year	5a	3	
b Total number of participants at the end of the plan year.....	5b	0	
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	3	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	0	
d(1) Total number of active participants at the beginning of the plan year.....	5d(1)	0	
d(2) Total number of active participants at the end of the plan year.....	5d(2)	0	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e	0	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2024	RACHEL CUPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	184128	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	184128	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants.....	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss).....	8b	24556	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		24556
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	206454	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	2230	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		208684
i Net income (loss) (subtract line 8h from line 8c).....	8i		-184128
j Transfers to (from) the plan (see instructions)	8j		

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

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		25000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i			

Part VI Pension Funding Compliance

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

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

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation _____

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

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

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

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

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

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

Part VIII IRS Compliance Questions

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

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

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

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704115A.



PLAN TERMINATION AUTHORIZATION AND ELECTION FORM

The Plan Sponsor acknowledges and agrees that it has consulted with its advisors and determined the steps it deemed appropriate to terminate the Plan, wind up all outstanding Plan matters and distribute all Plan benefits to participants. The Plan Sponsor further acknowledges and agrees that it has reviewed the information within the Plan Termination Authorization and Election form and attached Addendum with its own advisors. The Plan Sponsor also acknowledges and agrees that by executing the Plan Termination Authorization and Election Form, the Plan termination will be processed in accordance with the policies and procedures described in the Addendum and the Plan Sponsor's elections reflected on the Authorization and Election Form.

Plan Name:	Carepoint Retirement Plan
Plan Number:	500003-01
Effective date of Plan Termination:	12/31/2022

Please place an "X" in the appropriate box to indicate an election.

Vesting

The Plan Sponsor has previously directed Empower to update participant vesting on the recordkeeping system.

Authorization to Process Participant Distributions

Distributions for Plan Termination Processing are required to be completed in paper form (online capability is no longer available during the Plan Termination Process).

Empower is directed to process participant distributions deemed to be in good order as described in the Addendum and as elected by the Plan Sponsor below:

<p>Option 1: Plan Sponsor pre-approves all Participant Distributions</p> <p>The Plan Sponsor has reviewed the terms of the Plan and has approved a full distribution of all participant, beneficiary and alternate payee accounts in the Plan (collectively, "Participants") on account of the Plan termination. The Plan Sponsor directs Empower to process all distribution requests deemed to be in good order following an administrative review by Empower without further approval. The Plan Sponsor acknowledges and agrees that by distributing plan assets prior to the completion of compliance testing, Empower may not be able to assist in processing any needed corrections.</p> <p>Records indicate the Plan is subject to the Qualified Joint & Survivor Annuity rules. By choosing this option the Plan Sponsor acknowledges and agrees that it has provided any required notice of QJSA benefits to the participant and any spousal beneficiary and has obtained spousal consent to a participant's distribution election that is not paid in the form of a joint & survivor form of annuity.</p>	
<p>Option 2: Plan Sponsor reviews and/or approves all Participant Distribution Requests</p> <p>The Plan Sponsor elects to separately review and/or provide final approval of all distribution requests deemed to be in good order after any or all of the following: 1) completion of the Plan's nondiscrimination testing (Compliance Services), 2) other Plan administrative process as determined by the Plan Sponsor, 3) an administrative review by Empower. Empower will forward participant distribution requests for approval by the Plan Sponsor/TPA per the current approval process on record. The Plan Sponsor acknowledges and agrees that it will update the Plan Termination Notice to notify participants that distribution requests will not be processed by Empower and will be pended until approved by the Plan Sponsor.</p>	



Plan Level Account Balances

<p>Plan Forfeiture Account(s) The Forfeiture assets will be applied in the following order. <i>NO Forfeitures</i></p>	
<p>A) Pay any outstanding Empower recordkeeping and administrative fees, including the mailing fee of \$15 per participant. (See Addendum "Optional Service for Empower to Provide Notice of Plan Termination to Participants). B) Pay Third Party fees for Plan Services Providers-as applicable (example: TPA Fees, Auditor Fees). A completed Payment Request form is required in order to pay outside providers. In addition, an IRS Form W-9 is required for new payees. Processing of this item will take approx. 15 business days Check here if the Plan will be submitting a Payment Request Form[s] <input type="checkbox"/></p>	
<p>C) Plan will reallocate based on completed Compliance Testing <input type="checkbox"/></p>	
<p>D) Re-allocate as an additional Discretionary Contribution on a: (select one):</p> <p>The additional allocation will be provided to those participants in the Plan as of the Plan Termination date reflected on the completed Authorization and Election form.</p> <p>Allocations to participants which total \$25,000 or greater will be prepared and provided by Empower to the Plan Sponsor for its review and approval. The Plan Sponsor must object to or amend the allocation no later than 2 weeks prior to the final payout date, otherwise the Plan Sponsor directs Empower to allocate the contribution based on the calculation prepared by Empower.</p>	
<p>Pro rata basis to participants <input type="checkbox"/></p> <p>Per capita basis to participant <input type="checkbox"/></p>	

Plan Sponsor Direction for Payment of Empower Fees from Plan and Participant Accounts

Empower will assess recordkeeping and administrative fees through the end of the month which includes the Final Payout Date. The Plan Sponsor has provided direction to Empower with respect to the payment of Empower's fees (including recordkeeping, administration, CDSC, MVA and other investment product and service fees). Empower will process payment of Empower fees in accordance with the direction previously provided by the Plan Sponsor, unless the Plan Sponsor provides alternate payment instructions.

Notwithstanding any direction the Plan Sponsor may have provided with respect to the payment of Empower fees (including recordkeeping, administration, CDSC, MVA and other investment product and service fees), in the event any Empower fees remain outstanding two weeks prior to the Final Payout Date (the "Payment Deadline"), the Plan Sponsor directs Empower to deduct such fees first from any available balance in a Plan-level account, including a Plan forfeiture and/or Plan Expense account and then from participant account balances on a pro rata basis (or, as applicable, calculated and deducted from participant account on such terms as may apply in the Plan's investment/insurance contract). The Plan Sponsor acknowledges and agrees that it has reviewed and approved the payment of outstanding Empower fees from Plan and/or participant accounts (or has otherwise caused any outstanding Empower fees to be paid prior to the Payment Deadline) and to the extent applicable has provided notice of the fee deduction to participants in accordance with its disclosure obligations under DOL's §2520.404a-5 regulation.

Participant Notification Service (Optional)

<p>The Plan Sponsor directs Empower to provide a Notice of Plan Termination to Participants. The Plan Sponsor must review, modify as necessary and approve the Participant Letter Template provided by Empower. The Plan Sponsor acknowledges and agrees that the fee for this service is \$15.00 per participant. Additionally, the Plan Sponsor understands the Empower Automatic Rollover IRA is required if choosing this service.</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
--	--



IRA/Annuity Provider Selection

If the Plan Sponsor does not select an IRA or Annuity Provider in this section, the Plan Sponsor directs Empower to withhold, report, and distribute the participant account and escheat to the unclaimed property fund of the state of the participant's last known address.

Empower Automatic Rollover IRA Election

<p>The Plan Sponsor selected the Empower Automatic Rollover IRA for distributions made by the Plan to unresponsive, lost and participants that have not provided a distribution request deemed to be in good order by the Final Payout Date. All non-responsive participants balances will be distributed to the Empower Automatic Rollover IRA.</p> <p>The Plan Sponsor must return the completed and signed <i>Empower Automatic Rollover IRA Plan Sponsor Agreement</i>.</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
--	--

Non-Empower IRA or Annuity Provider (If No above please complete the following section):

IRA or Annuity Provider Name	
Attention	
Address	
City	
State	
ZIP Code	
Phone	
E-mail	
Checks made payable to:	
Account Number (if applicable)	
<i>Select ONE of the following if choosing a Non-Empower IRA or Annuity Provider:</i>	
All Participant Balances:	<input type="checkbox"/>
All non-responsive participants balances will be distributed to the above indicated IRA.	
Balances equal to or less than \$1000.00:	<input type="checkbox"/>
Distribute the unresponsive participant accounts less than or equal to \$1,000 as a lump sum payment to the participant (less 20% mandatory federal and applicable state income tax withholding.) All non-responsive participant balances over \$1000 will be distributed to the above indicated IRA.	
Balances equal to or less than \$200.00:	<input type="checkbox"/>
Distribute the unresponsive participant accounts less than or equal to \$200 as a lump sum payment to the participant (less 20% mandatory federal and applicable state income tax withholding.) All non-responsive participant balances over \$200 will be distributed to the above IRA.	

Qualified Domestic Relations Orders (QDRO)

<p>Empower has or will forward all domestic relations orders it receives to the Plan Sponsor for its review and approval. The Plan Sponsor must direct Empower to segregate a participant's account and to process any benefit claims requested by an alternate payee which have been approved by the Plan Sponsor. Unless otherwise directed at least 5 days prior to the final payout date, Empower is instructed to treat all outstanding alternate payee accounts as unresponsive participants for payout purposes. In addition, if the Plan Sponsor has not made a determination as a domestic relations order as of the final payout date, the Plan Sponsor directs Empower to pay the entire account balance to the participant, and not to the alternate payee, on the final payout date unless the Plan Sponsor instructs otherwise.</p>
--



Deceased Participants

The Plan Sponsor will determine the appropriate beneficiary of any deceased participants' accounts and will direct Empower with respect to the payment of all death benefit claims. Empower will forward all death benefit claim requests it receives to the Plan Sponsor for its review and approval. The Plan Sponsor must direct Empower to process any claims which it has approved. Unless otherwise directed by the Plan Sponsor at least **5 days** prior to the final payout date, Empower is instructed to treat all outstanding deceased participant accounts as unresponsive participants under these procedures for payout purposes. The distributed funds will be escheated to the state of the participants last known address, payable to the estate of the participant and reported as taxable income to the participant on an IRS Form 1099-R under the participant's social security number.

Required Mandatory Distributions (RMD)

Due to the Termination of the Plan, Participants in the Plan will be considered terminated and will receive a RMD Distribution as applicable. If the individual is subject to the RMD requirements, the Plan first must pay out the minimum distribution amount for that year to the participant before rolling the balance to an IRA or new employer plan. The RMD portion of the distribution is not eligible to rollover. An excise tax of 50% can be imposed on a participant if the RMD fails to be distributed.

Unclaimed Property/Un-cashed Checks

If the Plan has unclaimed property/un-cashed checks, please work with your Client Services Manager in order to clear this value. Balances remaining as of the Final Payout Date will affect the completion of the Plan Termination process.

Final Payout Initiation

A Final Payout Date for **all** unresponsive participant accounts and/or participants distribution forms not in "Good Order" must be selected. By executing this form and provided all form instructions are in good order, you are instructing Empower to initiate review of and commence processing of those instructions on the Final Payout Date you have selected, with the liquidation of account assets and distributions to occur as soon as administratively feasible thereafter (generally within five business days from the selected Final Payout Date). Please consider processing time and this date range when you select the Final Payout Date. The Final Payout Date must be a weekday, non-holiday date. Empower will not process the Final Payout as directed should any required documentation or information be outstanding as of the Final Payout Date. Processing of the pending QDRO's and Deceased Participant accounts will be initiated on the Final Payout Date or as directed by the Plan as applicable.

Selected Final Payout Date: 12/15/2023



Special Instructions

Empty box for special instructions with horizontal lines.

Plan Sponsor Authorization

The Plan Sponsor directs Empower to process the Plan Termination in accordance with the Plan Termination Policies and Procedures Summary and the elections made by the Plan Sponsor on the Plan Termination Authorization and Election Form.

Notwithstanding any direction the Plan Sponsor may have provided with respect to the payment of Empower fees (including recordkeeping, administration, CDSC, MVA and other investment product and service fees), in the event any Empower fees remain outstanding two weeks prior to the Final Payout Date (the "Payment Deadline"), the Plan Sponsor directs Empower to deduct such fees first from any available balance in a Plan-level account, including a Plan forfeiture and/or Plan Expense account and then from participant account balances on a pro rata basis (or, as applicable, calculated and deducted from participant account on such terms as may apply in the Plan's investment/insurance contract). The Plan Sponsor acknowledges and agrees that it has reviewed and approved the payment of outstanding Empower fees from Plan and/or participant accounts (or has otherwise caused any outstanding Empower fees to be paid prior to the Payment Deadline) and to the extent applicable has provided notice of the fee deduction to participants in accordance with its disclosure obligations under DOL's §2520.404a-5 regulation.

The Plan Sponsor directs Empower to process full account distributions for unresponsive, lost and other participants who have not provided a distribution election deemed to be in good order on the Final Payout Date as described in the **Plan Termination Policies and Procedures Summary (Addendum)**.

Note/Disclaimer: Empower will not process the Final Payout as directed should any required documentation or information be outstanding as of the Final Payout Date.

Authorized Plan Sponsor Representative

Signature: Kim T Carpenter

Printed Name: Kim T Carpenter

Date: 9/25/2023

EMPOWER AUTOMATIC ROLLOVER IRA PLAN SPONSOR AGREEMENT

By this Agreement, entered into between the Plan Sponsor below ("Fiduciary") as the fiduciary of the Carepoint Retirement Plan ("Plan"), Group Account # 500003-01 and Empower Trust Company, LLC ("IRA Provider"), the parties agree as follows effective, 9-25 2023

1. Rollover of Plan Distribution. Fiduciary hereby establishes an Empower Automatic Rollover IRA for each of those participants in the Plan whose interest is distributed by the Plan due to the plan termination in a direct rollover from the Plan to IRA Provider.

2. Establishment of IRA. IRA Provider will establish a rollover Traditional Individual Retirement Account ("IRA") for non-Roth assets meeting the requirements of Code section 408(a) to hold such amounts in the name of each participant ("IRA Owner") and/or a rollover Roth Individual Retirement Account ("Roth IRA") for Roth assets meeting the requirements of Code section 408A to hold such amounts in the name of each participant as applicable.

3. Investment of Funds. By signing this Agreement, Fiduciary has affirmatively selected the Empower Guaranteed Income Fund as the IRA investment option. The Empower Guaranteed Income Fund is made available through a group funding agreement issued by Empower Annuity Insurance Company of America, or in New York, by Empower Life & Annuity Insurance Company of New York, to Empower Trust Company, LLC., the Empower Automatic Rollover IRA custodian. IRA Provider has informed Fiduciary that the Empower Guaranteed Income Fund is intended to satisfy the requirements under 29 CFR 2550.404a-3(d)(2)(i) and (ii)(A).


4. Comparable Fees and Expenses. All fees and expenses charged to the Empower Traditional Automatic Rollover IRA or the Empower Roth Automatic Rollover IRA shall not exceed the fees and expenses charged for a comparable IRA established for reasons other than the receipt of an automatic rollover distribution.

5. Enforceability by IRA Owner. The IRA Owner shall have the right to enforce the terms of this Agreement against IRA Provider with regard to the account balance that is the subject of this Agreement.

6. Termination of Agreement. This Agreement may be terminated by either party with thirty (30) days advance written notice to the other at the addresses below.

By signing this Agreement, the parties certify that they have read and understand this Agreement, that they agree to be bound by the terms of this Agreement, that they have the authority to sign and adopt this Agreement, and that they have received a signed and dated copy of this Agreement.

IN WITNESS WHEREOF, the parties duly execute this Agreement as follows:

Fiduciary Name (Plan Sponsor)	Kim T Carpenter	Date:	9/25/23
Signature:			
Print Name:	Kim Carpenter		
Title:	TPA		
Email:	kcarpente@fba401k.com		
Address:	POB 168 Hwy 274 Box 301		
City	Clover	State:	SC
		Zip:	29710

Internal Use Only:	
Empower Trust Company, LLC 8515 East Orchard Road 10T2 Greenwood Village, CO 8011	
Signature:	
Print Name:	
Title:	Date: ___/___/___