

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF CARESOUTH
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2016
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) CAPITOL CITY FAMILY HEALTH CENTER INC CARESOUTH 3111 FLORIDA ST STE C BATON ROUGE, LA 70806-3773
2b	Employer Identification Number (EIN) 72-1395500
2c	Plan Sponsor's telephone number 225-650-2000
2d	Business code (see instructions) 621112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	MAIMOUNA KEITA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 201
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) 171 6a(2) 184 6b 1 6c 25 6d 210 6e 0 6f 210 6g(1) 179 6g(2) 186 6h 8
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:

2G 3D 2J 2K 2S 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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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

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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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	B Three-digit plan number (PN)	001
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF CARESOUTH		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
CAPITOL CITY FAMILY HEALTH CENTER INC	72-1395500	

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

(a) Name of insurance carrier					
MUTUAL OF AMERICA SEC. CORP LLC					
(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
13-1614399	88668	058030	210	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	(b) Total amount of fees paid
0	1037

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	
NEW ORLEANS REGIONAL OFFICE	
3838 NORTH CAUSEWAY BLVD.	
SUITE 3100	
METAIRIE, LA 70002-8342	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1037	INCENTIVE COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	233209
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3307867

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

212125

c Additions: (1) Contributions deposited during the year**7c(1)**

89542

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

3647

(4) Transferred from separate account.....

7c(4)

0

(5) Other (specify below)

7c(5)

9294

▶ ROLLOVERS, LOANS, FORFEITURES

(6) Total additions.....

7c(6)

102483

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

314608

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

62585

(2) Administration charge made by carrier

7e(2)

119

(3) Transferred to separate account.....

7e(3)

4796

(4) Other (specify below)

7e(4)

13899

▶ ROLLOVERS, LOANS, FORFEITURES

(5) Total deductions.....

7e(5)

81399

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

233209

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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF CARESOUTH	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITOL CITY FAMILY HEALTH CENTER INC	D Employer Identification Number (EIN) 72-1395500	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

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

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

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

(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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15 37 65	RECORDKEEPER	1037	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF CARESOUTH	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITOL CITY FAMILY HEALTH CENTER INC		
		D Employer Identification Number (EIN) 72-1395500

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	31604	112874
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2161298	3307867
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	212125	233209
(15) Other	1c(15)	0	0

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	2405027	3653950
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2405027	3653950

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)	267991	
(B) Participants	2a(1)(B)	446147	
(C) Others (including rollovers)	2a(1)(C)	375822	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1089960
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	6649	
(F) Other	2b(1)(F)	3647	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10296
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		417874
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1518130

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	268170	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		268170
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)	1037	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1037
j Total expenses. Add all expense amounts in column (b) and enter total	2j		269207

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1248923
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **BROWN, EWING & CO P.A.**

(2) EIN: **64-0669040**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?		☒	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF CARESOUTH		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITOL CITY FAMILY HEALTH CENTER INC		D Employer Identification Number (EIN) 72-1395500
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3590259		
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14a	
14b	
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

b The corresponding number for the second preceding plan year

15a	0.00
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

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

16a	
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 _____.

**CAPITOL CITY FAMILY HEALTH
CENTER 401K PROFIT SHARING PLAN & TRUST**

AUDITED FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE: This is a Preliminary draft of the financial statements,
related notes and accountants' opinion. This draft is for
review and discussion purposes only and is, therefore, subject to change.
This draft copy should be destroyed once such review
and updates have been completed.

**BROWN, EWING & CO.
CERTIFIED PUBLIC ACCOUNTANTS
308 Highland Park Cove - Ridgeland, MS 39157
(601) 353-5423 FAX (601) 353-5426**

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST
December 31, 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Capitol City Family Health Center
401K Plan & Trust
Baton Rouge, Louisiana

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

We have performed the audit of the accompanying financial statements of Capitol City Family Health Center 401K Profit Sharing Plan & Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 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 referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above 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).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Capitol City Family Health Center 401K Profit Sharing Plan & Trust, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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 Capitol City Family Health Center 401K Profit Sharing Plan & Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 generally accepted auditing standards 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.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and 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.
- 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 Capitol City Family Health Center 401K Profit Sharing Plan & Trust's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Capitol City Family Health Center 401K Profit Sharing Plan & Trust'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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held at year end is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. 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 generally accepted auditing standards. 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 their form and content, are presented in conformity with the Department of Labor'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, is presented, in all material respects, in conformity with the Department of Labor'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).

Ridgeland, Mississippi
October 10, 2024

EXHIBIT I

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST
Statement of Net Assets Available for Benefits
December 31, 2023 and 2022

Assets	<u>2023</u>	<u>2022</u>
Investment contract with insurance company	\$ 233,209	\$ 212,125
Registered investment companies	<u>3,307,867</u>	<u>2,161,298</u>
Total Investments at Fair Value	<u>3,541,076</u>	<u>2,373,423</u>
Receivables:		
Notes receivable from participants	<u>112,874</u>	<u>31,604</u>
	<u>112,874</u>	<u>31,604</u>
Total Assets	<u>3,653,950</u>	<u>2,405,027</u>
Liabilities:	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Net Assets Available For Benefits	<u>\$ 3,653,950</u>	<u>\$ 2,405,027</u>

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

EXHIBIT II

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Additions to net assets attributed to:		
Investment Activity:		
Net appreciation (depreciation) in fair value of investments	\$ 417,874	\$ (738,805)
Interest and dividends	<u>10,296</u>	<u>2,243</u>
Net Investment Gain (Loss)	<u>428,170</u>	<u>(736,562)</u>
Employer Contributions	267,991	350,264
Participant Contributions	446,147	631,697
Other Contributions	<u>375,822</u>	<u>26,355</u>
Total Contributions	<u>1,089,960</u>	<u>1,008,316</u>
Total Additions	<u>1,518,130</u>	<u>271,754</u>
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid directly to participants	268,170	139,082
Administrative expenses	<u>1,037</u>	<u>1,822</u>
Total deductions	<u>269,207</u>	<u>140,904</u>
Net Increase (Decrease)	1,248,923	130,850
Net Assets Available for Benefits, Beginning of Year	<u>2,405,027</u>	<u>2,274,177</u>
Net Assets Available for Benefits, End of Year	<u>\$ 3,653,950</u>	<u>\$ 2,405,027</u>

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

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST
Notes to the Financial Statements
December 31, 2023 and 2022

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Capitol City Family Health Center 401K Profit Sharing Plan & Trust, (Plan) provides only general information. Participants should refer to the Plan Document which is available from the plan administrator, for a more complete description of the Plan's provisions.

General

The Plan, which was adopted effective January 1, 2016 is a defined contribution plan. All full-time employees of Capitol City Family Health Center, Inc. D/B/A Care South, who have six (6) months of service are eligible for the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 6% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing contributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The amount of matching contributions made on behalf of an eligible participant each plan year shall be an amount of up to 100% of the eligible participant's employee elective deferral which does not exceed 3% of their compensation..

Participant Accounts

Under the Plan, a separate account is maintained for each participant. Participant contributions and employer contributions are allocated to each participant's account.

The Employer will make additions to participant's accounts for (a) participant's allocated share of the Employer's contribution, (b) participant's transfer contributions and rollover contributions, and (c) participant's share of investment earnings and appreciation in the value of investments. The Employer will make deductions from participant's accounts for (d) any withdrawals or distributions made to participants, (e) participant's share of investments losses and depreciation in the value of investments, and (f) participant's share of any administrative fees and expenses paid out of the Plan, if applicable.

During the year ended December 31, 2023, Plan investments were held at Mutual of America herein referred to as the "Custodians" of the Plan.

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST
Notes to the Financial Statements
December 31, 2023 and 2022

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Vesting

A participant is 100% vested after six years of credited service. Participants are considered to have completed one year of service for purposes of vesting upon the completion of 1,000 hours of service at any time during a Plan year. Participant's are immediately vested in their voluntary contributions, rollover contributions, or transfer contributions, plus or minus any earnings or losses and these contributions cannot be forfeited for any reason. Participants are vested as determined by the following schedule:

<u>Years of Service</u>	<u>Vested Interest</u>
1	- %
2	20 %
3	40 %
4	60 %
5	80 %
6	100 %

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount. Request must be submitted in writing to the Plan Administrator. Payments to participant's will start as soon as administratively feasible following the date on which a distribution is requested by participant or is otherwise payable.

Forfeitures

Forfeitures are created when a Participant terminated employment before becoming entitled to 100% of the Accounts derived from the Employer's contributions. There was no unallocated forfeiture balance as of December 31, 2023.

Plan Termination

Although it has not expressed an intention to do so, Capitol City Family Health Center, Inc. D/B/A Care South, has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participant's individual accounts will become 100% vested in the aggregate value regardless of years of service under the vesting schedule. The employer may amend the Plan at any time, provided that no amendment will divert any part of the Plan's assets to any purpose other than for the exclusive benefit of the Participants in the Plan or eliminate an optional form of distribution.

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST
Notes to the Financial Statements
December 31, 2023 and 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared using contract value for the fully benefit-responsive investment contract.

Investment Valuation and Income Recognition

The Plan's investments are exclusively in annuity contracts issued by Mutual of America. These contracts provide for contributions to be held and credited with interest, gains and losses, depending on the type of contract. They are valued at fair market value.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. During the repayment period, principal and interest must be repaid in substantially level repayments and made at least quarterly. Loan repayments are made on an after-tax basis. These repayments may be made by payroll deduction, Electronic Funds Transfer(EFT) or by personal check.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America and with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Plan Tax Status

This 401K Profit Sharing Plan is not currently required to submit plans to the Internal Revenue Services for status determination. The Plan Administrator believes that the Plan was designed and is being operated in compliance with the approvals required of the Internal Revenue Code and as such is exempt from Federal Income Taxes.

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST
Notes to the Financial Statements
December 31, 2023 and 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

Payment of Benefits

Benefit payments to participants are recorded when paid.

NOTE 3 - FAIR VALUE MEASUREMENTS

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented and there were no changes in the methods used to measure fair value at December 31, 2023.

Level 1 Fair Value Measurements

The fair values of mutual funds are valued at the net asset value (NAV) of shares held by the plan at year-end and real estate investment trusts are based on quoted market prices, when available.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023:

		Fair Value Measurement at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2023</u>	<u>Fair Value</u>			
Registered investment companies	\$ 3,307,867	\$ 3,307,867	\$ -	\$ -
Investment contract with insurance company	233,209	-	-	233,209
Total	<u>\$ 3,541,076</u>	<u>\$ 3,307,867</u>	<u>\$ -</u>	<u>\$ 233,209</u>

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST
Notes to the Financial Statements
December 31, 2023 and 2022

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

		Fair Value Measurement at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2022</u>	<u>Fair Value</u>			
Registered investment companies	\$ 2,161,298	\$ 2,161,298	\$ -	\$ -
Investment contract with insurance company	212,125	-	-	212,125
Total	<u>\$ 2,373,423</u>	<u>\$ 2,161,298</u>	<u>\$ -</u>	<u>\$ 212,125</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2023, are reported in net depreciation and appreciation in fair value of investments.

NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Mutual of America:

	2023	2022
Mutual Funds	\$ 3,307,867	\$ 2,161,298
Investments at Contract Value	233,209	212,125
	<u>\$ 3,541,076</u>	<u>\$ 2,373,423</u>

NOTE 5 - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan's investments include guaranteed investment contracts (GIC) with Mutual of America. The Insurer maintains the Plan's contributions in their general accounts. The GIC's contracts are credited interest and charged for participant withdrawals and administrative expenses. The insurer of the GICs is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the GICs meet the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GICs. The GICs are presented on the face of the statements of net assets available for benefits (modified cash basis) at contract value. Contract value, as reported to the Plan by Empower and Lincoln Financial Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expense. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST
Notes to the Financial Statements
December 31, 2023 and 2022

NOTE 5 - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contracts at December 31, 2023 was 2022. The crediting interest rate is based on a formula agreed upon by the issuers. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin offs of a subsidiary) that cause significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

NOTE 6 - RISKS AND UNCERTAINTIES

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

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by Mutual of America. Mutual of America is the custodian as defined by the Plan and, therefore, these investments and investment transactions qualify as party-in-interest transactions.

NOTE 8 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 10, 2024, which represents the date the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST

SUPPLEMENTARY INFORMATION

December 31, 2023

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST
Schedule H, Line 4I - Schedule of Assets (Held at End of Year)
For the Year Ended December 31, 2023

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		Shares in registered investment companies:		
*	Mutual of America	General Account	-	\$ 233,209
*	Mutual of America	Agressive Allocation Fund	-	4,589
*	Mutual of America	Moderate Allocation Fund	-	31
*	Mutual of America	Bond Fund	-	1,565
*	Mutual of America	T. Rowe Price Blue Chip Growth	-	212,059
*	Mutual of America	Composite Fund	-	12
*	Mutual of America	Calvert VP SRI Balanced Port.	-	12
*	Mutual of America	Delaware VIP Small Cap Value S	-	160
*	Mutual of America	Equity Index Fund	-	131,028
*	Mutual of America	Fidelity VIP Mid-Cap	-	13,864
*	Mutual of America	Fidelity VIP Asset Manager	-	5,985
*	Mutual of America	Fidelity VIP Contrafund	-	7,696
*	Mutual of America	Fidelity VIP Equity Income	-	33,031
*	Mutual of America	Goldman Sachs VIT US Equity	-	10,848
*	Mutual of America	Goldman Sachs VIT Small Cap	-	7,028
*	Mutual of America	Money Market Fund	-	33,754
*	Mutual of America	Mid-Term Bond Fund	-	63,730
*	Mutual of America	Mid-Cap Equity Index Fund	-	138
*	Mutual of America	MFS VIT III Mid Cap Value Port	-	10,007
*	Mutual of America	Mid Cap Value Fund	-	120,835
*	Mutual of America	Neuberger Berman AMT Sust Eq	-	11,562
*	Mutual of America	International Fund	-	8,974
*	Mutual of America	Invesco Oppenheimer VI Main St	-	5,609
*	Mutual of America	Retirement Income Fund	-	79,070
*	Mutual of America	Vanguard VIF Real Estate Index	-	27,264
*	Mutual of America	PIMCO VIT Real Return	-	6,926
*	Mutual of America	Victory RS Small Cap Growth	-	4,558
*	Mutual of America	2020 Retirement Fund	-	13,240
*	Mutual of America	2025 Retirement Fund	-	134,887
*	Mutual of America	2030 Retirement Fund	-	291,438
*	Mutual of America	2035 Retirement Fund	-	286,408
*	Mutual of America	2040 Retirement Fund	-	725,892
*	Mutual of America	2045 Retirement Fund	-	387,032
*	Mutual of America	2050 Retirement Fund	-	118,271
		Sub-total	-	<u>2,990,712</u>

CAPITOL CITY FAMILY HEALTH CENTER 401K PROFIT SHARING PLAN & TRUST
Schedule H, Line 4I - Schedule of Assets (Held at End of Year)
For the Year Ended December 31, 2023

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value		
			(d) Cost	(e) Current Value
		Shares in registered investment companies:		
*	Mutual of America	2055 Retirement Fund	-	\$ 172,836
*	Mutual of America	2060 Retirement Fund	-	81,725
*	Mutual of America	2065 Retirement Fund	-	14,736
*	Mutual of America	All America Fund	-	1,320
*	Mutual of America	Small Cap Equity Index Fund	-	60
*	Mutual of America	DWS Capital Growth VIP	-	5,380
*	Mutual of America	Small Cap Growth Fund	-	105,474
*	Mutual of America	Small Cap Value Fund	-	59
*	Mutual of America	American Century VP Cap Apprec	-	29,687
*	Mutual of America	Vanguard VIF Diversified Value	-	53,096
*	Mutual of America	Vanguard VIF International	-	16,388
*	Mutual of America	Vanguard Total Bond Mkt I Prt	-	69,603
*	Participant Loans	Participant Loans	-	112,874
		Sub-total	-	<u>663,238</u>
		Total Assets (Held at Year End)	-	<u>\$ 3,653,950</u>

* A party-in-interest as defined by ERISA

Note: Cost information has not been included in column (d) because all investments are participant directed transactions under an individual account plan.



BROWN, EWING & CO.
P. A.
CERTIFIED PUBLIC ACCOUNTANTS

October 11, 2024

Ms. Maimouna D. Keita,
Chief Financial Officer
Care South, Inc.
3140 Florida Street
Baton Rouge, LA 70806
Phone: (225) 650-2024

Dear Ms. Keita:

Attached is an unofficial working draft of the financial statements of Capitol City Family Health Center 401K Plan Trust as of and for the year ended December 30, 2023. Attached are the following:

1. Trial Balance
2. Adjusting Journal Entries
3. NPO-CX-12.1: Closing Entry and Audit Adjustment Form

The Trial Balance and Adjusting Journal Entries agree to the audited financial statements. The Adjusting Journal Entries should be recorded in your general ledger as soon as possible, to reconcile it to the audited financial statements.

The Closing Entry and Audit Adjustment Form should be signed and dated appropriately then returned to us as soon as possible.

We appreciate the courtesy and assistance you and your staff have shown and provided to us during this engagement and look forward to working with you again. If you have any questions regarding the accounting entries or require any assistance in recording them to your books and records, please contact us.

Sincerely,

David Ewing, Jr., CPA
Partner

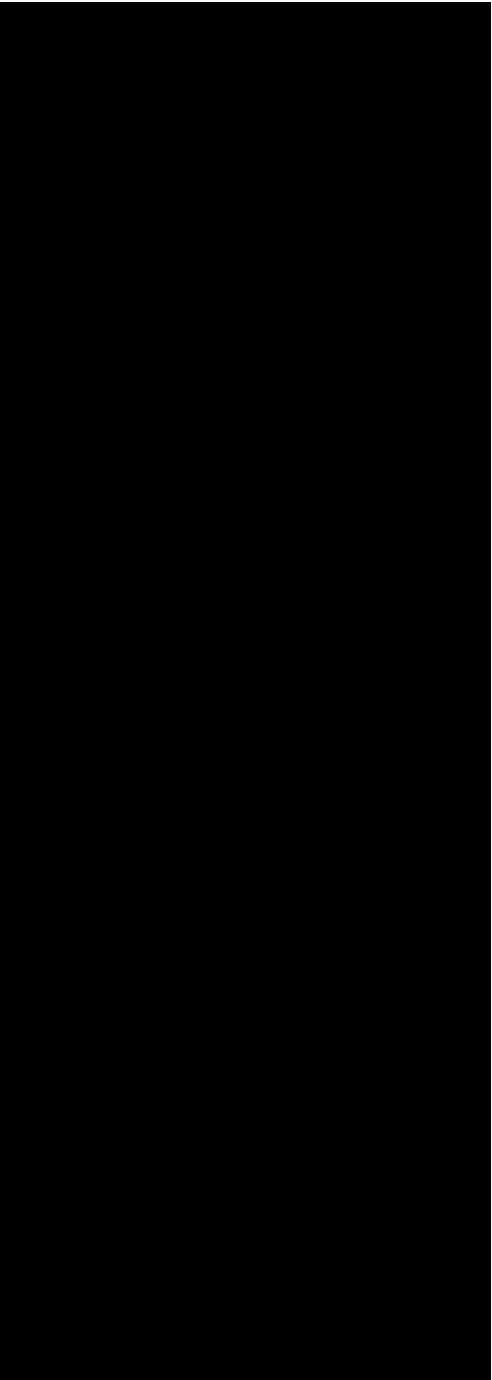
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Year End: December 31, 2023
Trial balance

Account	Prelim	Adj's	Reclass	RepAnnotation	Rep 12/22 %Chg	L/S
117-00 Investment - Insurance Con	0.00	0.00	0.00	0.00	0.00	0
118-00 Investment - Insurance Con	233,209.00	0.00	0.00	233,209.00	212,125.00	10
120-00 Investment-Registered Inve	3,307,867.00	0.00	0.00	3,307,867.00	2,161,298.00	53
122-00 Investment - Registered Inv	0.00	0.00	0.00	0.00	0.00	0
130-00 Employer Contribution Rece	0.00	0.00	0.00	0.00	0.00	0
131-00 Employee Contribution Reci	0.00	0.00	0.00	0.00	0.00	0
132-00 Employer Contribution Rece	0.00	0.00	0.00	0.00	0.00	0
140-00 Notes from Participants -	112,874.00	0.00	0.00	112,874.00	31,604.00	257
142-00 Notes from Participants -	0.00	0.00	0.00	0.00	0.00	0
300-00 Net Assets Available for Bei	0.00	0.00	0.00	0.00	0.00	0
302-00 Net Assets Available for Bei	(2,405,027.00)	0.00	0.00	(2,405,027.00)	(2,274,177.00)	6
410-00 Interest Income -	(6,649.00)	0.00	0.00	(6,649.00)	(2,243.00)	196
412-00 Interest Income -	(3,647.00)	0.00	0.00	(3,647.00)	0.00	0
420-00 Transfer In	0.00	0.00	0.00	0.00	(1,767.00)	(100)
430-00 Unrealized (Gain) Loss on I	(417,874.00)	0.00	0.00	(417,874.00)	738,805.00	(157)
432-00 Unrealized (Gain) Loss on I	0.00	0.00	0.00	0.00	0.00	0
450-00 Employer Contributions -	(267,991.00)	0.00	0.00	(267,991.00)	(350,264.00)	(23)
451-00 Employer Contributions -	0.00	0.00	0.00	0.00	0.00	0
452-00 Participant Contributions -	(446,147.00)	0.00	0.00	(446,147.00)	(631,697.00)	(29)
453-00 Participant Contributions -	0.00	0.00	0.00	0.00	0.00	0
490-00 Other Contributions - Rollov	(375,822.00)	0.00	0.00	(375,822.00)	(24,588.00)	1428
492-00 Other Contributions - Roth C	0.00	0.00	0.00	0.00	0.00	0
610-00 Administrative Expenses -	1,037.00	0.00	0.00	1,037.00	1,822.00	(43)
612-00 Administrative Expenses -	0.00	0.00	0.00	0.00	0.00	0
620-00 Benefit Payments to Particip	268,170.00	0.00	0.00	268,170.00	139,082.00	93
622-00 Benefit Payments to Particip	0.00	0.00	0.00	0.00	0.00	0
630-00 Transfer Out	0.00	0.00	0.00	0.00	0.00	0
	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0</u>
Net Income (Loss)	1,248,923.00			1,248,923.00	130,850.00	854

The information is intended only for the entity named above and its authorized representatives. Any unauthorized copying, distribution or disclosure is prohibited.

Beginning Market Value	PL										PL										Other	
	Contributions	Loan Repay Principal	Loan Repay Interest	Transfer In	Other Receipts	Cash Earnings	Realized Gain	Un-Realized Gain	Dividends	Transfers In	Benefit / Term Payments	Withdrawals	Management Fees	PL Transfers Out	Transfers Out	Loan Issue	Other Disbursements	Ending Market Value				
2,474.74	2,227.46	0	0	0	0	0	2.38	705.08	0	0	0	0	0	-24	0	0	0	5,385.66				
382.18	0	0	0	0	0	0	9.8	-4.59	0	0	-387.39	0	0	0	0	0	0	0				
827.9	1,079.84	0	0	0	0	0	1.65	274.36	0	0	0	0	0	-15.3	0	0	0	2,168.45				
0	2,388.48	0	0	0	0	0	0.1	110.13	0	0	0	0	0	-1.71	0	0	0	2,497				
1,022.99	922.04	0	0	0	0	0	1.31	279.9	0	0	0	0	0	-15.56	0	0	0	2,210.68				
97.93	0	0	0	0	0	0	0	19.08	0	0	0	0	0	0	0	0	0	117.01				
15,366.15	3,532.52	0	0	0	0	0	0.09	2,923.60	0	0	0	0	0	-2	0	0	0	21,820.36				
127,384.37	14,590.48	368.88	35.22	0	0	35.22	537.79	3,172.17	0	3,335	0	-134,952.30	-90	0	-404.1	-3,245	0	10,767.73				
48,215.28	10,206.72	0	0	0	0	0	0	10,087.87	0	0	0	0	0	0	0	0	0	68,509.87				
109,836.06	16,252.45	9,361.33	2,190.87	0	0	2,190.87	3,874.67	10,283.09	0	40,000	0	0	-120	0	-11,552.20	-39,880	0	142,437.14				
29,212.06	0	0	0	0	0	0	1.43	2,701.58	0	0	0	0	0	-24	0	0	0	31,891.07				
0	2,693.79	0	0	0	0	0	0.72	216.7	0	0	0	0	0	-9.68	0	0	0	2,901.53				
2,177.48	0	0	0	0	0	0	0.9	416.5	0	0	0	0	0	-23.49	0	0	0	2,571.39				
455.05	25.14	0	0	0	0	0	0.72	91.93	0	0	0	0	0	-5.24	0	0	0	567.6				
8,493.91	1,610	0	0	0	0	0	0	1,688.13	0	0	0	0	0	0	0	0	0	11,792.04				
297.88	9,271.56	0	0	0	0	0	1.36	667.08	0	0	0	0	-21.45	0	0	0	0	10,216.43				
23,974.30	8,052.80	0	0	0	0	0	0	5,092.47	0	0	0	0	0	0	0	0	0	37,119.57				
228.11	0	0	0	0	0	0	0	37.77	0	0	0	0	0	0	0	0	0	265.88				
3,332.03	0	0	0	0	0	0	5.65	479.58	0	0	0	0	0	-24	0	0	0	3,793.26				
22,159.78	4,871.38	0	0	0	0	0	0	2,302.80	0	0	0	0	0	0	0	0	0	29,333.96				
3,602.65	2,668.04	0	0	0	0	0	0	934.44	0	0	0	0	0	0	0	0	0	7,205.13				
63,590.15	20,620.20	0	0	0	0	0	0	12,282.37	0	0	0	0	0	0	0	0	0	96,492.72				
735.28	1,112.50	0	0	0	0	0	0	170.8	0	0	0	0	0	0	0	0	0	2,018.58				
57,325.48	14,231.30	0	0	0	0	0	0	17,426.23	0	0	0	0	0	0	0	0	0	88,983.01				
4,625.64	0	0	0	0	0	0	0	891.26	0	0	0	0	0	0	0	0	0	5,516.90				
16,630.37	4,315.60	0	0	0	0	0	0	2,437.10	0	0	0	0	0	0	0	0	0	23,383.07				
0	304.62	0	0	0	0	0	0	5.48	0	0	0	0	0	0	0	0	0	310.1				
50,710.02	6,381.80	0	0	0	0	0	0	11,996.07	0	0	0	0	0	0	0	0	0	69,087.89				
108,428.24	16,603.92	0	0	0	0	0	0	20,450.66	0	0	0	0	0	0	0	0	0	145,482.82				
10,217.39	5,600.01	0	0	0	0	0	0	207.52	0	0	0	0	0	0	0	0	0	16,024.92				
3,076.94	2,756.52	0	0	0	0	0	2.57	842.05	0	0	0	0	0	-24	0	0	0	6,654.08				
3,715.80	3,198.84	0	0	0	0	0	2.18	1,030.56	0	0	0	0	0	-24	0	0	0	7,923.38				
9,273.32	5,453.19	2,428.36	170.54	0	0	170.54	639.72	539.41	0	0	0	-8,000	0	0	-2,598.90	0	0	8,076.18				
1,505.32	2,737.04	0	0	0	0	0	0	539.35	0	0	0	0	0	0	0	0	0	4,781.71				
1,068	3,960.12	387.32	32.2	0	0	32.2	78.1	364.73	0	1,300	0	0	-110.61	0	-419.52	-1,210	0	5,082.54				
0	1,167.95	0	0	0	0	0	0	74.97	0	0	0	0	0	0	0	0	0	1,242.92				
1,093.53	1,087.58	0	0	0	0	0	1.54	316.48	0	0	0	0	0	-17.55	0	0	0	2,481.58				
569.45	913.54	0	0	0	0	0	1.1	196.14	0	0	0	0	0	-10.86	0	0	0	1,669.37				
6,637.11	2,793.12	672.69	62.91	0	71.16	62.91	274.14	1,120.40	0	3,000	0	0	-105	0	-735.6	-2,895	-71.16	10,887.68				
52,762.34	8,608.43	0	0	0	0	0	0	2,350.43	0	0	0	0	0	0	0	0	0	63,721.20				
3,535.88	0	0	0	0	-1,061.52	0	19.83	-17.34	0	0	-2,476.85	0	0	0	0	0	0	0				
2,392.78	3,042.72	277.17	46.23	0	0	46.23	24.47	94.22	0	0	0	-3,288.36	0	0	-323.4	0	0	2,312.06				
11,592.87	2,060.62	0	0	0	0	0	5.45	2,384.70	0	0	0	0	0	-24	0	0	0	16,019.64				
9,292.94	4,169.68	0	0	0	0	0	0.41	184.07	0	0	0	0	0	-24	0	0	0	13,623.10				
1,880.12	0	0	0	0	0	0	1.81	353.32	0	0	0	0	0	-10.53	0	0	0	2,224.72				
7,831.21	0	0	0	0	0	0	0	226.47	0	0	0	0	0	0	0	0	0	8,057.68				
37,977.07	14,220.64	0	0	0	0	0	7.13	12,855.63	0	0	0	0	0	-24	0	0	0	65,036.47				
499.34	832.64	0	0	0	0	0	0	178.82	0	0	0	0	0	0	0	0	0	1,510.80				
12,418.37	6,605.71	0	0	0	0	0	0	2,851.66	0	0	0	0	0	0	0	0	0	21,875.74				
1,656.02	2,036.57	0	0	0	0	0	0.31	43.45	0	0	0	0	0	-22.8	0	0	0	3,713.55				
0	173.7	0	0	0	0	0	0	2.88	0	0	0	0	0	0	0	0	0	176.58				
11,939.43	5,822.11	0	0	0	0	0	0	2,871.13	0	0	0	0	0	0	0	0	0	20,632.67				
10,085.49	5,377.68	0	0	0	0	0	0	2,125.33	0	0	0	0	0	0	0	0	0	17,588.50				
9,908.62	5,565.28	0	0	0	0	0	0	2,111.97	0	0	0	0	0	0	0	0	0	17,585.87				
19.53	0	0	0	0	0	0	0	3.76	0	0	0	0	0	0	0	0	0	23.29				



101,310.59	12,619.42	7,314.26	999.76	0	0	2,414.29	619.71	9,177.12	0	81,469.64	0	0	-150	0	-50,267.68	-39,365.98	0	126,141.13
188.42	0	0	0	0	0	0	0	35.66	0	0	0	0	0	0	0	0	0	224.08
34,223.10	8,741.84	0	0	0	0	0	0	7,016.70	0	0	0	0	0	0	0	0	0	49,981.64
7,193.02	3,589.92	0	0	0	0	0	0	1,634.91	0	0	0	0	0	0	0	0	0	12,417.85
3,526.50	1,896	0	0	0	0	0	3.15	859.09	0	0	0	0	-24	0	0	0	0	6,260.74
19,634.80	0	0	0	0	0	0	0	3,773.76	0	0	0	0	0	0	0	0	0	23,408.56
0	2,822.66	0	0	0	0	0	0.26	214.8	0	0	0	0	-9.71	0	0	0	0	3,028.01
460.76	1,538.76	0	0	0	0	0	0	19.43	0	0	0	0	0	0	0	0	0	2,018.95
0	758.32	0	0	0	-386.37	0	7.23	30.16	0	0	0	0	-1.77	0	0	0	0	407.57
12,307.29	5,022.08	0	0	0	0	0	0	2,970.23	0	0	0	0	0	0	0	0	0	20,299.60
3,184.60	6,720	0	0	0	0	0	0	1,265.24	0	0	0	0	0	0	0	0	0	11,169.84
574.41	0	0	0	0	-307.22	0	25.46	14.57	0	0	-307.22	0	0	0	0	0	0	0
2,237.50	0	0	0	0	0	0	7.8	423.19	0	0	0	0	-23.8	0	0	0	0	2,644.69
7,436.06	29.14	131.58	2.28	0	-2,238.14	3.1	58.96	-42.65	0	510.88	-4,734.77	-511.7	0	0	-644.74	0	0	0
10,642.09	0	0	0	0	0	0	0	2,045.39	0	0	0	0	0	0	0	0	0	12,687.48
25,947.35	6,560.40	0	0	0	0	0	0	5,531.31	0	0	0	0	0	0	0	0	0	38,039.06
30,096.07	6,871.63	0	0	0	0	0	1,700.30	3,342.15	0	17,737.94	0	0	0	0	-17,737.94	0	0	42,010.15
9,989.03	6,021.84	0	0	0	0	0	0	1,909.25	0	0	0	0	0	0	0	0	0	17,920.12
567.26	0	0	0	0	0	0	1.88	101.12	0	0	0	0	-6.15	0	0	0	0	664.11
1,145.65	1,676.72	0	0	0	0	0	2.07	379.3	0	0	0	0	-20.15	0	0	0	0	3,183.59
6,087.03	3,356.57	0	0	0	0	0	0	122.79	0	0	0	0	0	0	0	0	0	9,566.39
811.38	3,110.47	0	0	0	0	0	0	37.44	0	0	0	0	0	0	0	0	0	3,959.29
377.2	2,190.08	0	0	0	0	0	1.46	287.35	0	0	0	0	-14.86	0	0	0	0	2,841.23
11,825.04	7,257.02	0	0	0	0	0	0	2,830.85	0	0	0	0	0	0	0	0	0	21,912.91
14,927.33	849.84	0	0	0	0	0	0	465.37	0	0	0	0	0	0	0	0	0	16,242.54
28,141.19	9,331.50	1,203.82	160.06	0	0	160.06	1,514.58	984.11	0	0	0	-20,926.48	0	0	-1,363.88	0	0	19,204.96
58,631.69	10,792.72	0	0	0	0	0	0	8,804.21	0	0	0	0	0	0	0	0	0	78,228.62
19,990.35	5,089.39	0	0	0	0	0	0	4,326.21	0	0	0	0	0	0	0	0	0	29,405.95
2,508.74	4,452.70	0	0	0	0	0	51.56	-7.26	0	0	0	-5,395.11	0	0	0	0	0	1,610.63
1,835.63	3,273.62	0	0	0	0	0	0	432.61	0	0	0	0	0	0	0	0	0	5,541.86
4,321.95	5,753.44	0	0	0	0	0	0.28	113.2	0	0	0	0	-24	0	0	0	0	10,164.87
1,549.72	0	0	0	0	0	0	0	297.85	0	0	0	0	0	0	0	0	0	1,847.57
1,327.13	1,922.40	0	0	0	0	0	2.09	414.77	0	0	0	0	-21.51	0	0	0	0	3,644.88
500.46	0	0	0	0	0	0	0	82.87	0	0	0	0	0	0	0	0	0	583.33
3,448.17	1,969.28	0	0	0	0	0	1.59	578.09	0	0	0	0	-24	0	0	0	0	5,973.13
4,889.50	0	0	0	0	0	0	7.24	880.74	0	0	0	0	-24	0	0	0	0	5,753.48
14,320.14	3,908.96	0	0	0	0	0	0	2,113	0	0	0	0	0	0	0	0	0	20,342.10
2,179.87	3,844.80	16.58	17.51	0	0	17.51	-21.08	110.04	0	2,580.77	0	0	-105	0	-1,014.86	-1,495	0	6,131.14
974	3,689.84	0	0	0	0	0	0	465.24	0	0	0	0	0	0	0	0	0	5,129.08
0	73.6	0	0	0	0	0	0	1.44	0	0	0	0	0	0	0	0	0	75.04
22,316.18	4,807.29	0	0	0	0	0	0	3,612.50	0	0	0	0	0	0	0	0	0	30,735.97
6,289.77	2,879.10	0	0	0	0	0	0	122.49	0	0	0	0	0	0	0	0	0	9,291.36
2,442.38	0	0	0	0	0	0	7.75	461.54	0	0	0	0	-24	0	0	0	0	2,887.67
8,490.09	4,904.20	0	0	0	0	0	0	1,989.52	0	0	0	0	0	0	0	0	0	15,383.81
8,715.94	2,929.62	0	0	0	0	0	0	1,515.26	0	0	0	0	0	0	0	0	0	13,160.82
3,266.56	2,282.08	0	0	0	0	0	2.11	845.29	0	0	0	0	-24	0	0	0	0	6,372.04
1,793.22	2,294.44	0	0	0	0	0	180.53	138.61	0	0	0	-2,500	-16.36	0	0	0	0	1,890.44
41.71	0	0	0	0	0	0	0	0.66	0	0	0	0	0	0	0	0	0	42.37
5,470.05	3,056.10	0	0	0	0	0	63.14	-21.78	0	0	0	-6,443	0	0	0	0	0	2,124.51
1,625.22	0	0	0	0	0	0	311.3	-255.56	0	0	-1,680.96	0	0	0	0	0	0	0
652.14	1,157.02	0	0	0	0	0	1.35	238.28	0	0	0	0	-13.17	0	0	0	0	2,035.62
2,435.02	0	0	0	0	0	0	0	38.65	0	0	0	0	0	0	0	0	0	2,473.67
27,789.99	9,102.07	0	0	0	0	0	0	5,868.42	0	0	0	0	0	0	0	0	0	42,760.48
6,266.34	3,434.10	0	0	0	0	0	0	1,512.12	0	0	0	0	0	0	0	0	0	11,212.56
7,838.55	564.18	0	0	0	0	0	0	1,499.83	0	0	0	0	0	0	0	0	0	9,902.56
3,090.36	2,415	0	0	0	0	0	22.93	41.31	0	1,800	0	0	-105	0	0	-1,695	0	5,569.60
21,771.91	7,344.08	0	0	0	0	0	0	4,905.75	0	0	0	0	0	0	0	0	0	34,021.74
1,854.59	2,046.40	0	0	0	0	0	2.4	555.13	0	0	0	0	-23.51	0	0	0	0	4,435.01
0	99.68	0	0	0	0	0	0	1.62	0	0	0	0	0	0	0	0	0	101.3
2,773.84	1,688.04	0	0	0	0	0	0	57.31	0	0	0	0	0	0	0	0	0	4,519.19
6,355.80	3,653.34	0	0	0	0	0	0	128.68	0	0	0	0	0	0	0	0	0	10,137.82
83.66	0	0	0	0	-17.56	0	-0.74	4.9	0	0	-70.26	0	0	0	0	0	0	0
0	705.88	0	0	0	0	0	0.03	34.87	0	0	0	0	-0.72	0	0	0	0	740.06
0	176.32	0	0	0	0	0	0	2.92	0	0	0	0	0	0	0	0	0	179.24
0	989.8	0	0	0	0	0	0.05	66.3	0	0	0	0	-1.54	0	0	0	0	1,054.61

0	135.38	0	0	0	0	0	9.8	0	0	0	0	0	0	0	0	0	145.18
2,434.85	1,663.28	0	0	0	0	2.08	616.05	0	0	0	-24	0	0	0	0	0	4,692.26
4,189.76	0	0	0	0	-1,258	751.6	-78.26	0	-3,595.10	0	-10	0	0	0	0	0	0
6,873.07	3,919.16	0	0	0	0	2.36	1,671.02	0	0	0	-24	0	0	0	0	0	12,441.61
7,687.56	0	0	0	0	0	0	1,481.23	0	0	0	0	0	0	0	0	0	9,168.79
607.36	755.66	0	0	0	0	0	15.82	0	0	0	0	0	0	0	0	0	1,378.84
9,685.32	0	0	0	0	0	0	1,866.16	0	0	0	0	0	0	0	0	0	11,551.48
218.04	825.96	0	0	0	0	0.65	124.12	0	0	0	-6.16	0	0	0	0	0	1,162.61
7,795.63	4,208.48	0	0	0	0	0.4	156.69	0	0	0	-24	0	0	0	0	0	12,137.20
1,545.25	2,800	0	0	0	-1,200	0	179.84	0	0	0	0	0	0	0	0	0	3,325.09
7,200.58	1,539.32	0	0	0	0	-0.24	768.8	0	0	0	-16	0	0	0	0	0	9,492.46
8,680.09	5,292.19	0	0	0	0	0	2,193.72	0	0	0	0	0	0	0	0	0	16,166
5,869.05	0	0	0	0	0	66.61	-60.69	0	-5,874.97	0	0	0	0	0	0	0	0
87.23	0	0	0	0	0	5.37	2.17	0	-94.77	0	0	0	0	0	0	0	0
291.2	0	0	0	0	0	0	55.1	0	0	0	0	0	0	0	0	0	346.3
228.7	0	0	0	0	0	0	44.06	0	0	0	0	0	0	0	0	0	272.76
11,980.06	2,805.36	0	0	0	0	0	1,603.46	0	0	0	0	0	0	0	0	0	16,388.88
6,741.33	2,725.57	0	0	0	0	1.61	1,061	0	0	0	-24	0	0	0	0	0	10,505.51
1,981.85	0	0	0	0	0	1.3	182.01	0	0	0	-20.61	0	0	0	0	0	2,144.55
62,879.78	11,115.16	0	0	0	0	0	12,952.45	0	0	0	0	0	0	0	0	0	86,947.39
25,135.62	0	0	0	0	0	770.91	-426.25	0	-25,480.28	0	0	0	0	0	0	0	0
4,463.63	3,355.33	0	0	0	0	0	1,183.89	0	0	0	0	0	0	0	0	0	9,002.85
12,726.14	6,796.58	0	0	0	0	0.41	1,028.68	0	0	0	-24	0	0	0	0	0	20,527.81
485.99	129.96	0	0	0	-259.01	10.19	23.68	0	-390.27	0	-0.54	0	0	0	0	0	0
48,282.83	16,087.20	0	0	0	0	0	7,328.57	0	0	0	0	0	0	0	0	0	71,698.60
24,769.26	12,960.72	0	0	0	0	0	5,666.01	0	0	0	0	0	0	0	0	0	43,395.99
776.42	1,092.04	0	0	0	0	0	20.12	0	0	0	0	0	0	0	0	0	1,888.58
1,135.36	0	0	0	0	0	0	237.54	0	0	0	0	0	0	0	0	0	1,372.90
2,413.73	0	0	0	0	0	0	351.6	0	0	0	0	0	0	0	0	0	2,765.33
34,989.37	9,179.63	0	0	0	0	2.71	5,785.23	0	0	0	-24	0	0	0	0	0	49,932.94
14,569.16	3,853.24	0	0	0	0	515.88	24.76	0	0	-17,990.22	0	0	0	0	0	0	972.82
119.1	654.26	0	0	0	0	0.43	88.61	0	0	0	-4.23	0	0	0	0	0	858.17
0	374,664.64	0	0	0	0	0	23,124.74	0	0	0	0	0	0	0	0	0	397,789.38
61,836.03	10,101.99	3,552.77	273.71	0	0	273.71	11,567.52	0	0	0	0	0	-3,826.48	0	0	0	83,779.25
1,905.61	1,400	0	0	0	0	0	41.27	0	0	0	0	0	0	0	0	0	3,346.88
12,993.08	7,530.60	762.74	336.43	0	0	336.43	-89.83	1,747.57	0	5,114	0	-7,526.58	-150	0	-1,099.17	-4,964	14,991.27
272.5	4,654.69	0	0	0	0	1.17	392.75	0	0	0	-16.51	0	0	0	0	0	5,304.60
11,389.45	5,162.55	1,059.06	257.22	0	0	257.22	147.63	0	0	0	0	0	-1,316.28	0	0	0	16,956.85
828.04	762	0	0	0	0	0	229.13	0	0	0	0	0	0	0	0	0	1,819.17
6,104.80	3,361.92	0	0	0	0	0	1,510.60	0	0	0	0	0	0	0	0	0	10,977.32
2,362.25	4,362.08	0	0	0	0	84.41	418.43	0	1,343	0	-2,233	-90	0	0	-1,253	0	4,994.17
3,672.76	6,181.54	0	0	0	0	573.36	-557.09	0	0	0	-8,690.32	0	0	0	0	0	1,180.25
20,226.69	5,078.10	837.06	51.1	0	0	51.1	3,935.45	0	0	0	0	0	0	-888.16	0	0	29,291.34
134,777.37	32,544.82	0	0	0	0	0	27,403.36	0	0	0	0	0	0	0	0	0	194,725.55
0	1,719.18	0	0	0	0	0.08	112.11	0	0	0	-3.59	0	0	0	0	0	1,827.78
1,850.41	0	0	0	0	-576.77	-82.01	152.53	0	-1,344.16	0	0	0	0	0	0	0	0
13,044	9,618.90	0	0	0	0	0	3,431.17	0	0	0	0	0	0	0	0	0	26,094.07
6,826.27	3,908.93	494.44	189.24	0	0	189.24	56.83	1,075.60	0	3,744	0	-135	0	-683.68	-3,609	0	12,056.87
0	127.68	0	0	0	0	0	2.26	0	0	0	0	0	0	0	0	0	129.94
4,999.46	2,876.40	0	0	0	0	0.69	1,358.78	0	0	0	-12	0	0	0	0	0	9,223.33
581.24	761.3	0	0	0	0	1.46	244.49	0	0	0	-10.96	0	0	0	0	0	1,577.53
66,290.89	12,550.56	0	0	0	0	0	13,189.66	0	0	0	0	0	0	0	0	0	92,031.11
51.03	0	0	0	0	0	0	9.65	0	0	0	0	0	0	0	0	0	60.68
10,595.09	3,176.19	0	0	0	0	0	192.93	0	0	0	0	0	0	0	0	0	13,964.21
44,299.23	9,354.52	0	0	0	0	0	6,979.29	0	0	0	0	0	0	0	0	0	60,633.04
6,915.23	4,102.22	0	0	0	0	2.65	1,735.42	0	0	0	-24	0	0	0	0	0	12,731.52
912.29	0	0	0	0	0	0	175.78	0	0	0	0	0	0	0	0	0	1,088.07
14,457.47	0	0	0	0	0	0	2,735.70	0	0	0	0	0	0	0	0	0	17,193.17
774.45	1,172.82	0	0	0	0	1.49	259.67	0	0	0	-14.55	0	0	0	0	0	2,193.88
0.05	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.05
3,250.57	0	0	0	0	0	0	51.59	0	0	0	0	0	0	0	0	0	3,302.16
1,832.52	2,479.50	0	0	0	0	221.2	203.16	0	0	-3,124.08	-23.38	0	0	0	0	0	1,588.92
29,470.35	6,295.70	1,077.65	182.11	0	0	182.11	757.83	4,789.44	0	5,000	0	-105	0	-1,259.76	-4,895	0	41,495.43
0	4,345.30	0	0	0	0	0.07	261.38	0	0	0	-8.3	0	0	0	0	0	4,598.45
64,137	27,300.22	0	0	0	0	0	14,148.66	0	0	0	0	0	0	0	0	0	105,585.85



15,590.67	8,375.75	0	0	0	0	0	0	3,068.83	0	0	0	0	0	0	0	0	0	27,035.25
0	1,304.18	0	0	0	0	0	0.06	89.47	0	0	0	0	-3.27	0	0	0	0	1,390.44
14,083.85	4,636.40	0	0	0	0	0	0	3,104.44	0	0	0	0	0	0	0	0	0	21,824.69
2,299.64	3,299.16	0	0	0	0	0	0	809.94	0	0	0	0	0	0	0	0	0	6,408.74
199.69	0	0	0	0	-65.03	0	5.36	11.73	0	0	-151.75	0	0	0	0	0	0	0
11,610.26	2,413.77	0	0	0	0	0	0	944.81	0	0	0	0	0	0	0	0	0	14,968.84
794.86	2,649.66	0	0	0	0	0	0	33.13	0	0	0	0	0	0	0	0	0	3,477.65
838.14	1,264.84	0	0	0	0	0	0	151.91	0	0	0	0	0	0	0	0	0	2,254.89
679.7	2,444.26	0	0	0	0	0	1.88	358.52	0	0	0	0	-18.64	0	0	0	0	3,465.72
1,906.35	1,560.64	0	0	0	0	0	0	518.22	0	0	0	0	0	0	0	0	0	3,985.21
9,012.27	2,067.76	439.8	226.04	0	0	226.04	734.79	624.05	0	5,000	0	0	-174	0	-665.84	-4,850	0	12,640.91
1,252.82	2,181.32	0	0	0	0	0	0	426.38	0	0	0	0	0	0	0	0	0	3,860.52
0	2,221.44	0	0	0	0	0	0.07	132.6	0	0	0	0	-4.88	0	0	0	0	2,349.23
0	1,466.68	0	0	0	0	0	0.15	118.84	0	0	0	0	-4.97	0	0	0	0	1,580.70
50.01	0	0	0	0	-55.89	0	6.07	-0.01	0	3,469.96	0	0	0	0	-3,469.96	0	0	0.18
2,405,026.95	1,097,384.72	30,385.51	5,233.43	0	-7,354.35	6,648.78	14,482.77	407,018.50	0	175,405.19	-46,588.75	-221,581.15	-2,431.62	0	-100,272.15	-109,356.98	-71.16	3,653,929.69

The information is intended only for the entity named.

Fund Name	PL										Benefit /		PL		Other				
	Beginning	Contribution	Repay	Repay	Transfer	Other	Cash	Realized	Un-Realized	Term	Withdrawal	Managem	Transfers	Transfers	Disburse	Ending Market			
	Market Value	s	Principal	Interest	In	Receipts	Earnings	Gain	Gain	Dividends	Transfers In	Payments	s	ent Fees	Out	Out	Loan Issue	ments	Value
Mutual of America Interest Accumulation Account Employee Roth	7,795.84	2,938.60	0	0	0	0	0	7.33	138.52	0	0	0	0	-12.59	0	-254.54	0	0	10,613.16
Mutual of America Interest Accumulation Account Traditional Rollover	9,634.54	0	0	0	0	0	0	300.79	-168.68	0	0	-9,766.65	0	0	0	0	0	0	0
Mutual of America Interest Accumulation Account Employee Pre-Tax	100,574.60	47,378.07	1,492.15	320.64	0	71.16	0	543.05	1,211.36	0	0	-16,233.66	-12,729.27	-242.63	0	-2,198.57	-2,085.17	-71.16	118,030.57
Mutual of America Interest Accumulation Account Employer Match	7,839.22	39,825.20	6.71	4.7	0	-2,201.19	0	32.3	374.16	0	1,443.97	-70.35	-4,182.45	-36.37	0	-549.18	-547.02	0	41,939.70
Mutual of America Interest Accumulation Account Employer Accumulations	86,280.61	0	24.04	4.59	0	-5,224.32	0	494.95	693	0	2,025.99	-12,883.60	-6,719.10	-17.71	0	-1,793.47	-280.15	0	62,604.83
DWS Capital Growth VIP Employee Roth	317.18	203.93	0	0	0	0	0	0	151.75	0	0	0	0	0	0	0	0	0	672.86
DWS Capital Growth VIP Employee Pre-Tax	1,266.14	694.69	0	0	0	0	0	0	587.36	0	0	0	0	0	0	0	0	0	2,548.19
DWS Capital Growth VIP Employer Match	123.18	618.84	0	0	0	0	0	0	143.59	0	0	0	0	0	0	0	0	0	885.61
DWS Capital Growth VIP Employer Accumulations	924.31	0	0	0	0	0	0	0	348.91	0	0	0	0	0	0	0	0	0	0
Fidelity VIP Equity-Income Portfolio Employee Roth	576.15	0	0	0	0	0	0	0	58.18	0	0	0	0	0	0	0	0	0	634.33
Fidelity VIP Equity-Income Portfolio Employee Pre-Tax	19,076.32	1,112	0	0	0	0	0	0	2,014.20	0	0	0	0	0	0	0	0	0	22,202.52
Fidelity VIP Equity-Income Portfolio Employer Match	119.32	692.9	0	0	0	0	0	0	61.64	0	0	0	0	0	0	0	0	0	873.86
Fidelity VIP Equity-Income Portfolio Employer Accumulations	8,465.45	0	0	0	0	0	0	0	854.78	0	0	0	0	0	0	0	0	0	9,320.23
Fidelity VIP Contrafund Portfolio Employee Pre-Tax	2,694.60	422.8	0	0	0	0	0	7.13	938.27	0	0	0	0	-24	0	0	0	0	4,038.80
Fidelity VIP Contrafund Portfolio Employer Match	84.32	414.64	0	0	0	0	0	0	88.1	0	0	0	0	0	0	0	0	0	587.06
Fidelity VIP Contrafund Portfolio Employer Accumulations	2,312.29	0	0	0	0	0	0	0	758.13	0	0	0	0	0	0	0	0	0	3,070.42
Goldman Sachs VIT US Equity Insights Fund Employee Roth	183.67	0	0	0	0	0	0	1.3	39.76	0	0	0	0	0	0	-15.67	0	0	209.06
Goldman Sachs VIT US Equity Insights Fund Employee Pre-Tax	7,601.20	1,019.17	539.01	73.38	0	0	0	314.12	988.98	0	0	0	0	-11.41	0	-402.04	-2,883.41	0	7,239
Goldman Sachs VIT US Equity Insights Fund Employer Match	151.74	744.81	3.16	1.52	0	0	0	0.57	102.64	0	0.24	0	0	-0.32	0	-19.68	-83.04	0	901.64
Goldman Sachs VIT US Equity Insights Fund Employer Accumulations	2,909.48	0	189.26	25.13	0	0	0	113.61	365.73	0	0	0	0	-3.7	0	-131.12	-970.58	0	2,497.81
MoA All America Fund Employee Pre-Tax	262.34	316.15	0	0	0	0	0	0	81.46	0	0	0	0	0	0	0	0	0	659.95
MoA All America Fund Employer Match	69.84	316.15	0	0	0	0	0	0	43.7	0	0	0	0	0	0	0	0	0	429.69
MoA All America Fund Employer Accumulations	192.58	0	0	0	0	0	0	0	37.77	0	0	0	0	0	0	0	0	0	230.35
MoA Equity Index Fund Employee Roth	1,352.43	0	0	0	0	0	0	366.28	-143.54	0	0	-660.41	0	-1.35	0	-913.41	0	0	0
MoA Equity Index Fund Traditional Rollover	0	112,399.40	0	0	0	0	0	0	5,512.04	0	0	0	0	0	0	0	0	0	117,911.44
MoA Equity Index Fund Employee Pre-Tax	7,963.71	3,391.09	163.26	27.6	0	0	0	953.46	1,023.74	0	0	-2,417.52	0	-19.61	0	-3,781.43	0	0	7,304.30
MoA Equity Index Fund Employer Match	795.3	2,656.22	5.39	0.92	0	0	0	106.11	337.5	0	0	-126.39	0	0	0	-950.37	0	0	2,824.68
MoA Equity Index Fund Employer Accumulations	5,864.13	0	46.89	7.92	0	0	0	815.49	363.97	0	0	-352.01	0	0	0	-3,758.93	0	0	2,987.46
Neuberger Berman AMT Sustainable Equity Portfolio Employee Pre-Tax	3,667.95	2,447.55	0	0	0	0	0	0	1,266	0	0	0	0	0	0	0	0	0	7,381.50
Neuberger Berman AMT Sustainable Equity Portfolio Employer Match	262.5	1,292.34	0	0	0	0	0	0	245.09	0	0	0	0	0	0	0	0	0	1,799.93
Neuberger Berman AMT Sustainable Equity Portfolio Employer Accumulations	1,886.97	0	0	0	0	0	0	0	493.27	0	0	0	0	0	0	0	0	0	2,380.24
Invesco V.I. Main Street Fund Employee Pre-Tax	1,967.53	1,183.30	0	0	0	0	0	0	549.66	0	0	0	0	0	0	0	0	0	3,700.49
Invesco V.I. Main Street Fund Employer Match	106.46	523.22	0	0	0	0	0	0	76.76	0	0	0	0	0	0	0	0	0	706.44
Invesco V.I. Main Street Fund Employer Accumulations	981.22	0	0	0	0	0	0	0	220.6	0	0	0	0	0	0	0	0	0	1,201.82
T. Rowe Price Blue Chip Growth Portfolio Employee Roth	645.5	0	0	0	0	0	0	-7.63	313.35	0	0	0	0	0	0	-53.98	0	0	897.24
T. Rowe Price Blue Chip Growth Portfolio Traditional Rollover	1,315.88	74,933.56	0	0	0	0	0	0	3,048.32	0	0	0	0	0	0	0	0	0	79,297.76
T. Rowe Price Blue Chip Growth Portfolio Employee Pre-Tax	46,722.68	15,794.68	620.6	87.13	0	0	0	-372.06	25,120.69	0	0	0	0	-11.16	0	-1,552.49	-2,931.28	0	83,478.79
T. Rowe Price Blue Chip Growth Portfolio Employer Match	1,939.72	10,422.08	5.86	1.97	0	0	0	12.25	2,813.85	0	0	0	0	-0.32	0	-62.02	-84.61	0	15,048.78
T. Rowe Price Blue Chip Growth Portfolio Employer Accumulations	23,513.73	0	212.69	29.02	0	0	0	-124.9	11,212.51	0	0	0	0	-3.76	0	-513.8	-988.91	0	33,336.58
Vanguard VIF Diversified Value Portfolio Employee Roth	1,075.48	0	0	0	0	0	0	1.78	329.48	0	1,594.26	0	0	0	0	-11.93	0	0	2,989.07
Vanguard VIF Diversified Value Portfolio Traditional Rollover	596.95	0.25	0	0	0	0	0	0	115.91	0	0	0	0	0	0	0	0	0	713.11
Vanguard VIF Diversified Value Portfolio Employee Pre-Tax	18,068.91	2,458.96	620.65	87.17	0	0	0	1,025.86	2,690.48	0	8,066.87	0	0	-50.77	0	-300.41	-4,727.62	0	27,940.10
Vanguard VIF Diversified Value Portfolio Employer Match	363.26	1,788.52	5.86	1.96	0	0	0	2.45	350.99	0	1,461.22	0	0	-1.5	0	-16.48	-138.19	0	3,818.09
Vanguard VIF Diversified Value Portfolio Employer Accumulations	10,088.96	0	212.75	29.1	0	0	0	373.8	1,878.68	0	6,684.08	0	0	-15.45	0	-96.95	-1,519.26	0	17,635.71
American Century Investments VP Capital Appreciation Fund Traditional Rollover	1,342.91	0.63	0	0	0	0	0	0	274.28	0	0	0	0	0	0	0	0	0	1,617.82
American Century Investments VP Capital Appreciation Fund Employee Pre-Tax	12,208.67	2,769.76	0	0	0	0	0	0	2,751.77	0	0	0	0	0	0	0	0	0	17,730.20

American Century Investments VP Capital Appreciation Fund Employer Match	333.39	1,669.48	0	0	0	0	0	0	228.84	0	0	0	0	0	0	0	0	2,231.71
American Century Investments VP Capital Appreciation Fund Employer Accumulations	6,732.46	0	0	0	0	0	0	0	1,374.43	0	0	0	0	0	0	0	0	8,106.89
Fidelity VIP Mid Cap Portfolio Employee Roth	185.01	0	0	0	0	0	0	0.6	26.5	0	3.74	0	0	0	0	-6.05	0	209.8
Fidelity VIP Mid Cap Portfolio Employee Pre-Tax	8,905.10	1,754.12	538.96	73.32	0	0	0	465.69	566.63	0	162.63	0	0	-10.92	0	-160.69	-2,863.56	9,431.28
Fidelity VIP Mid Cap Portfolio Employer Match	191.48	929.92	3.16	1.52	0	0	0	-3.25	100.02	0	9.62	0	0	-0.32	0	-11.45	-82.65	1,138.05
Fidelity VIP Mid Cap Portfolio Employer Accumulations	3,474.66	0	189.24	25.06	0	0	0	165.61	198.12	0	51.96	0	0	-3.68	0	-50.34	-966.06	3,084.57
MFS VIT III Mid Cap Value Portfolio Employee Roth	227.45	0	0	0	0	0	0	0	28.06	0	0	0	0	0	0	0	0	255.51
MFS VIT III Mid Cap Value Portfolio Employee Pre-Tax	4,374.28	1,553.24	0	0	0	0	0	0	660.95	0	0	0	0	0	0	0	0	6,588.47
MFS VIT III Mid Cap Value Portfolio Employer Match	221.16	967.11	0	0	0	0	0	0	111.43	0	0	0	0	0	0	0	0	1,299.70
MFS VIT III Mid Cap Value Portfolio Employer Accumulations	1,658.42	0	0	0	0	0	0	0	204.54	0	0	0	0	0	0	0	0	1,862.96
MoA Mid Cap Equity Index Fund Employee Pre-Tax	59.62	0	0	0	0	0	0	0	9.27	0	0	0	0	0	0	0	0	68.89
MoA Mid Cap Equity Index Fund Employer Accumulations	60.07	0	0	0	0	0	0	0	9.34	0	0	0	0	0	0	0	0	69.41
MoA Mid Cap Value Fund Traditional Rollover	0	112,399.38	0	0	0	0	0	0	8,294.25	0	0	0	0	0	0	0	0	120,693.63
MoA Mid Cap Value Fund Employee Pre-Tax	77.45	0	0	0	0	0	0	-5.74	9.68	0	0	0	0	-0.42	0	0	-5.92	75.05
MoA Mid Cap Value Fund Employer Accumulations	62.21	0	0	0	0	0	0	0	3.93	0	0	0	0	0	0	0	0	66.14
Delaware VIP Small Cap Value Series Employee Pre-Tax	73.24	0	0	0	0	0	0	0	6.44	0	0	0	0	0	0	0	0	79.68
Delaware VIP Small Cap Value Series Employer Accumulations	74.26	0	0	0	0	0	0	0	6.53	0	0	0	0	0	0	0	0	80.79
Goldman Sachs VIT Small Cap Equity Insights Fund Employee Pre-Tax	3,335.35	735.37	81.64	13.8	0	0	0	0	711.66	0	0	0	0	0	0	0	0	4,877.82
Goldman Sachs VIT Small Cap Equity Insights Fund Employer Match	78.16	396.06	2.73	0.49	0	0	0	0	58.93	0	0	0	0	0	0	0	0	536.37
Goldman Sachs VIT Small Cap Equity Insights Fund Employer Accumulations	1,335.22	0	23.44	3.99	0	0	0	0	250.92	0	0	0	0	0	0	0	0	1,613.57
MoA Small Cap Growth Fund Employee Roth	754.83	241.66	0	0	0	0	0	0	129.94	0	0	0	0	0	0	0	0	1,126.43
MoA Small Cap Growth Fund Traditional Rollover	809.91	74,933.31	0	0	0	0	0	0	7,033.18	0	0	0	0	0	0	0	0	82,776.40
MoA Small Cap Growth Fund Employee Pre-Tax	11,316.36	3,170.98	0	0	0	0	0	0	1,901.49	0	0	0	0	0	0	0	0	16,388.83
MoA Small Cap Growth Fund Employer Match	296.86	1,283.80	0	0	0	0	0	0	132.17	0	0	0	0	0	0	0	0	1,712.83
MoA Small Cap Growth Fund Employer Accumulations	3,018.19	0	0	0	0	0	0	0	450.85	0	0	0	0	0	0	0	0	3,469.04
MoA Small Cap Equity Index Fund Employee Pre-Tax	25.92	0	0	0	0	0	0	0	3.93	0	0	0	0	0	0	0	0	29.85
MoA Small Cap Equity Index Fund Employer Accumulations	25.92	0	0	0	0	0	0	0	3.93	0	0	0	0	0	0	0	0	29.85
MoA Small Cap Value Fund Employee Pre-Tax	27.28	0	0	0	0	0	0	0	2.43	0	0	0	0	0	0	0	0	29.71
MoA Small Cap Value Fund Employer Accumulations	27.28	0	0	0	0	0	0	0	2.43	0	0	0	0	0	0	0	0	29.71
Victory RS Small Cap Growth Equity VIP Series Employee Roth	402.67	241.51	0	0	0	0	0	0	105.98	0	0	0	0	0	0	0	0	750.16
Victory RS Small Cap Growth Equity VIP Series Employee Pre-Tax	2,284.89	966.33	0	0	0	0	0	0	557.03	0	0	0	0	0	0	0	0	3,808.25
MoA Core Bond Fund Employee Roth	169.42	80.61	0	0	0	0	0	0	10.16	0	0	0	0	0	0	0	0	260.19
MoA Core Bond Fund Employee Pre-Tax	927.44	322.11	0	0	0	0	0	0	51.6	0	0	0	0	0	0	0	0	1,301.15
MoA Core Bond Fund Employer Accumulations	3.96	0	0	0	0	0	0	0	0.17	0	0	0	0	0	0	0	0	4.13
MoA Intermediate Bond Fund Traditional Rollover	11,040.65	0	0	0	0	0	0	0	441.38	0	0	0	0	0	0	0	0	11,482.03
MoA Intermediate Bond Fund Employee Pre-Tax	21,762.24	4,919.03	0	0	0	0	0	0	1,007.78	0	0	0	0	0	0	0	0	27,689.05
MoA Intermediate Bond Fund Employer Match	766.03	3,689.40	0	0	0	0	0	0	133.96	0	0	0	0	0	0	0	0	4,589.39
MoA Intermediate Bond Fund Employer Accumulations	19,201.79	0	0	0	0	0	0	0	767.65	0	0	0	0	0	0	0	0	19,969.44
PIMCO VIT Real Return Portfolio Employee Roth	215.54	0	0	0	0	0	0	0	7.34	0	0	0	0	0	0	0	0	222.88
PIMCO VIT Real Return Portfolio Employee Pre-Tax	3,343.43	1,302.13	0	0	0	0	0	0	144.01	0	0	0	0	0	0	0	0	4,789.57
PIMCO VIT Real Return Portfolio Employer Match	169.02	715.92	0	0	0	0	0	0	20.26	0	0	0	0	0	0	0	0	905.2
PIMCO VIT Real Return Portfolio Employer Accumulations	975.1	0	0	0	0	0	0	0	33.18	0	0	0	0	0	0	0	0	1,008.28
Vanguard VIF Total Bond Market Index Portfolio Employee Roth	1,046.47	0	0	0	0	0	0	0	53.24	0	48.28	0	0	0	0	0	0	1,147.99
Vanguard VIF Total Bond Market Index Portfolio Traditional Rollover	847.02	0.38	0	0	0	0	0	0	41.92	0	0	0	0	0	0	0	0	889.32
Vanguard VIF Total Bond Market Index Portfolio Employee Pre-Tax	42,372.21	6,113.03	1,617.12	220.16	0	0	0	-486.65	2,773.38	0	1,221.19	0	0	-33.3	0	-8,739.43	0	45,057.71
Vanguard VIF Total Bond Market Index Portfolio Employer Match	988.76	4,663.45	9.5	4.55	0	0	0	7.54	209.29	0	56.52	0	0	-0.96	0	-5.33	-252.26	5,681.06
Vanguard VIF Total Bond Market Index Portfolio Employer Accumulations	17,868.45	0	567.87	75.4	0	0	0	-167.26	1,039.06	0	402.9	0	0	-11.24	0	0	-2,948.33	16,826.85
MoA Money Market Fund Employee Roth	979.62	0	0	0	0	0	0	0.17	43.01	0	36.23	0	0	0	0	-5.92	0	1,053.11
MoA Money Market Fund Employee Pre-Tax	20,815.60	2,636.08	1,077.97	146.67	0	0	0	56.08	755.1	0	1,003.19	0	0	-22	0	-167.02	-5,773.67	20,528
MoA Money Market Fund Employer Match	572.49	2,030.33	6.33	3.03	0	0	0	1.31	67.14	0	60.73	0	0	-0.64	0	-11.9	-166.64	2,562.18
MoA Money Market Fund Employer Accumulations	10,466.52	0	378.5	50.19	0	0	0	19.11	383.29	0	320.53	0	0	-7.42	0	-52.22	-1,947.81	9,610.69
MoA International Fund Employee Roth	704.89	284.32	0	0	0	0	0	0	157.76	0	0	0	0	0	0	0	0	1,146.97
MoA International Fund Employee Pre-Tax	3,612.58	1,503.88	0	0	0	0	0	-5.69	832.52	0	0	0	0	-0.22	0	0	-3.22	5,939.85
MoA International Fund Employer Match	165.45	728.58	0	0	0	0	0	0	95.78	0	0	0	0	0	0	0	0	989.81
MoA International Fund Employer Accumulations	755.16	0	0	0	0	0	0	0	142.21	0	0	0	0	0	0	0	0	897.37

Vanguard VIF International Portfolio Employee Pre-Tax	2,606.19	1,624.24	0	0	0	0	0	0	0	438.69	0	0	0	0	0	0	0	4,669.12
Vanguard VIF International Portfolio Employer Match	339.91	1,624.24	0	0	0	0	0	0	0	122.1	0	0	0	0	0	0	0	2,086.25
Vanguard VIF International Portfolio Employer Accumulations	8,449.14	0	0	0	0	0	0	0	0	1,180.30	0	0	0	0	0	0	0	9,629.44
Vanguard VIF Real Estate Index Portfolio Employee Roth	605.85	0	0	0	0	0	0	54.72	-29.16	0	10.93	0	0	0	0	-431.94	0	210.4
Vanguard VIF Real Estate Index Portfolio Traditional Rollover	577.31	0.25	0	0	0	0	0	0	63.7	0	0	0	0	0	0	0	0	641.26
Vanguard VIF Real Estate Index Portfolio Employee Pre-Tax	15,395.45	4,089.17	620.6	87.1	0	0	0	-168.51	1,610.05	0	347.77	0	0	-10.46	0	-2,711.53	-2,749.06	16,510.58
Vanguard VIF Real Estate Index Portfolio Employer Match	697.92	3,441.54	5.89	2	0	0	0	-9.22	365.31	0	16.85	0	0	-0.3	0	-435.9	-79.35	4,004.74
Vanguard VIF Real Estate Index Portfolio Employer Accumulations	8,347.10	0	212.65	29.04	0	0	0	43.67	505.63	0	113.45	0	0	-3.54	0	-2,423.13	-927.42	5,897.45
Calvert VP SRI Balanced Portfolio Employee Pre-Tax	5.13	0	0	0	0	0	0	0	0.83	0	0	0	0	0	0	0	0	5.96
Calvert VP SRI Balanced Portfolio Employer Accumulations	5.2	0	0	0	0	0	0	0	0.84	0	0	0	0	0	0	0	0	6.04
Fidelity VIP Asset Manager Portfolio Employee Pre-Tax	4,724.13	968.42	163.25	27.6	0	0	0	109.05	468.38	0	0	0	0	-39.96	0	0	-1,863.10	4,557.77
Fidelity VIP Asset Manager Portfolio Employer Match	57.94	290.61	5.37	0.89	0	0	0	3.11	20.31	0	0	0	0	-1.44	0	0	-67.41	309.38
Fidelity VIP Asset Manager Portfolio Employer Accumulations	1,433.13	0	46.86	7.92	0	0	0	41.35	116.7	0	0	0	0	-11.1	0	0	-516.99	1,117.87
MoA Aggressive Allocation Fund Employee Roth	169.58	0	0	0	0	0	0	0	28.51	0	0	0	0	0	0	0	0	198.09
MoA Aggressive Allocation Fund Employee Pre-Tax	2,116.87	846.9	0	0	0	0	0	-3.76	446.96	0	0	0	0	-0.22	0	0	-3.14	3,403.61
MoA Aggressive Allocation Fund Employer Match	93.8	394.63	0	0	0	0	0	0	51.68	0	0	0	0	0	0	0	0	540.11
MoA Aggressive Allocation Fund Employer Accumulations	383.02	0	0	0	0	0	0	0	64.4	0	0	0	0	0	0	0	0	447.42
MoA Balanced Fund Employee Pre-Tax	5.33	0	0	0	0	0	0	0	0.76	0	0	0	0	0	0	0	0	6.09
MoA Balanced Fund Employer Accumulations	5.4	0	0	0	0	0	0	0	0.77	0	0	0	0	0	0	0	0	6.17
MoA Moderate Allocation Fund Employee Pre-Tax	15.46	0	0	0	0	0	0	0	2.26	0	0	0	0	0	0	0	0	17.72
MoA Moderate Allocation Fund Employer Accumulations	15.67	0	0	0	0	0	0	0	2.29	0	0	0	0	0	0	0	0	17.96
MoA Retirement Income Fund Employee Pre-Tax	32,517.92	4,050.95	0	0	0	0	0	2.49	3,227.77	0	0	0	0	-60.61	0	0	0	39,738.52
MoA Retirement Income Fund Employer Match	1,087.20	4,034.90	0	0	0	0	0	0	321.71	0	0	0	0	0	0	0	0	5,443.81
MoA Retirement Income Fund Employer Accumulations	31,017.12	0	0	0	0	0	0	0	2,870.12	0	0	0	0	0	0	0	0	33,887.24
LOAN FUND Employee Roth	0	0	0	0	0	0	475	0	0	0	8,672.43	0	0	0	0	-2,504.64	0	6,642.79
LOAN FUND Traditional Rollover	1,920.02	0	0	0	0	0	82.06	0	0	0	550.44	0	0	0	0	-1,134.25	0	1,418.27
LOAN FUND Employee Pre-Tax	25,601.43	0	0	0	0	0	3,474.40	0	0	0	71,886.34	0	0	0	0	-52,685.81	0	48,276.36

MoA Clear Passage 2045 Fund Employee Pre-Tax	112,986.15	37,511.46	2,309.30	177.93	0	0	0	16.2	25,109.39	0	0	0	0	-126.71	0	0	0	0	177,983.72
MoA Clear Passage 2045 Fund Employer Match	6,344.20	31,111.98	0	0	0	0	0	0	4,063.64	0	0	0	0	0	0	-600	0	0	40,919.82
MoA Clear Passage 2045 Fund Employer Accumulations	98,064.61	0	355.28	27.35	0	0	0	0	18,592.43	0	0	0	0	0	0	0	0	0	117,039.67
MoA Clear Passage 2050 Fund Employee Roth	1,977.75	1,176.07	0	0	0	0	0	0	496.88	0	0	0	0	0	0	0	0	0	3,650.70
MoA Clear Passage 2050 Fund Traditional Rollover	19,634.80	0	0	0	0	0	0	0	3,773.76	0	0	0	0	0	0	0	0	0	23,408.56
MoA Clear Passage 2050 Fund Employee Pre-Tax	30,337.79	15,255.66	221.27	113.72	0	0	0	398.97	6,606.93	0	0	-94.77	0	-223.49	0	0	-2,440.01	0	50,176.07
MoA Clear Passage 2050 Fund Employer Match	2,339.53	11,461.32	26.48	13.62	0	0	0	15.26	1,482.96	0	0	0	0	-9.04	0	-386.37	-292.08	0	14,651.68
MoA Clear Passage 2050 Fund Employer Accumulations	23,927.57	0	192.05	98.7	0	0	0	350.54	3,998.88	0	0	0	0	-65.5	0	0	-2,117.91	0	26,384.33
MoA Clear Passage 2055 Fund Employee Roth	7,824.04	4,496.45	0	0	0	0	0	0.24	1,936.40	0	0	0	0	-3.23	0	0	0	0	14,253.90
MoA Clear Passage 2055 Fund Traditional Rollover	1,902.30	0	0	0	0	0	0	0	366.53	0	0	0	0	0	0	0	0	0	2,268.83
MoA Clear Passage 2055 Fund Employee Pre-Tax	54,605.71	23,924	651.32	268.27	0	0	0	-18.6	11,351.16	0	0	0	-7,477.57	-277.08	0	0	-4,445.87	0	78,581.34
MoA Clear Passage 2055 Fund Employer Match	4,292.07	22,978.28	26.97	11.91	0	0	0	50.18	2,783.81	0	0	0	-1,078	-33.78	0	0	-571.84	0	28,459.60
MoA Clear Passage 2055 Fund Employer Accumulations	43,816.81	0	153.72	67.78	0	0	0	-20.15	8,113.39	0	0	0	-1,614.97	-44.52	0	0	-1,199.29	0	49,272.77
MoA Clear Passage 2060 Fund Employee Roth	2,300.44	966.34	0	0	0	0	0	0	543.08	0	0	0	0	0	0	0	0	0	3,809.86
MoA Clear Passage 2060 Fund Employee Pre-Tax	30,588.75	15,472.30	559.91	41.24	0	0	0	173.31	6,992.70	0	0	-1,282.88	0	-189.17	0	0	-1,870.11	0	50,486.05
MoA Clear Passage 2060 Fund Employer Match	2,089.12	11,126.68	36.84	7.07	0	0	0	34.64	1,339.18	0	0	-67.62	0	-12.14	0	-170.01	-334.79	0	14,048.97
MoA Clear Passage 2060 Fund Employer Accumulations	12,757.81	0	75.94	14.6	0	0	0	5.88	2,290.34	0	0	-383.93	0	-25.03	0	-665.77	-690.09	0	13,379.75
MoA Clear Passage 2065 Fund Employee Pre-Tax	3,601.02	3,172.38	0	0	0	0	0	17.18	1,002.68	0	0	-415.61	0	-22.39	0	0	0	0	7,355.26
MoA Clear Passage 2065 Fund Employer Match	1,031.37	3,172.38	0	0	0	0	0	8.54	539.49	0	0	-6.42	0	0	0	-98.01	0	0	4,647.35
MoA Clear Passage 2065 Fund Employer Accumulations	2,571.77	0	0	0	0	0	0	6.87	466.19	0	0	-36.94	0	0	0	-274.24	0	0	2,733.65
Grand Total	2,405,027.09	1,097,384.72	30,385.51	5,233.43	0	-7,354.35	6,648.78	14,482.77	407,018.20	0	175,405.19	-46,588.75	-221,581.15	-2,431.62	0	-100,272.15	-109,356.98	-71.16	3,653,929.53

Attachment to January 2023 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Name: Caresouth
EIN: 72-1395500
Plan Number: 058030

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e) Closing Value
-	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		29,687
-	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		0
-	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		12
-	Mutual of America	GROUP ANNUITY CONTRACT Delaware VIP Small Cap Value Series		160
-	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		5,380
-	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		5,985
-	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		7,696
-	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		33,031
-	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		13,864
-	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		7,028
-	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		10,848
-	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		5,609
-	Mutual of America	PARTICIPANT LOANS Loan Fund		112,874
-	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		10,007
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		4,589
-	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		1,320
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		12
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		0
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		13,240
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		134,887
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		291,438
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		286,408
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		725,892
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		387,032
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		118,271
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		172,836
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		81,725
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		14,736
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		1,565
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		131,028
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		63,730
-	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		8,974
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		138
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		120,835
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		36
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Money Market Fund		33,754
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		79,070
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		60
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		105,474
-	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		59
-	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		233,209

Attachment to January 2023 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Name: Caresouth
EIN: 72-1395500
Plan Number: 058030

.		GROUP ANNUITY CONTRACT		
.	Mutual of America	Neuberger Berman AMT Sustainable Equity Portfolio		11,562
.		GROUP ANNUITY CONTRACT		
.	Mutual of America	PIMCO VIT Real Return Portfolio		6,926
.		GROUP ANNUITY CONTRACT		
.	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio		212,059
.		GROUP ANNUITY CONTRACT		
.	Mutual of America	Vanguard VIF Diversified Value Portfolio		53,096
.		GROUP ANNUITY CONTRACT		
.	Mutual of America	Vanguard VIF International Portfolio		16,385
.		GROUP ANNUITY CONTRACT		
.	Mutual of America	Vanguard VIF Real Estate Index Portfolio		27,264
.		GROUP ANNUITY CONTRACT		
.	Mutual of America	Vanguard VIF Total Bond Market Index Portfolio		69,603
.		GROUP ANNUITY CONTRACT		
.	Mutual of America	Victory RS Small Cap Growth Equity VIP Series		4,558