

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 SECTION 403(B) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(B) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1996
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) STEIN HOSPICE SERVICES, INC 1200 SYCAMORE LINE SANDUSKY, OH 44870
2b	Employer Identification Number (EIN) 34-1411008
2c	Plan Sponsor's telephone number 216-383-3748
2d	Business code (see instructions) 813000

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.	10/15/2024	JEFF KOVACS
	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	5 195
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) 98 6a(2) 69 6b 0 6c 89 6d 158 6e 0 6f 158 6g(1) 176 6g(2) 158 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2L

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 SECTION 403(B) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 STEIN HOSPICE SERVICES, INC	D Employer Identification Number (EIN) 34-1411008	

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
METROPOLITAN LIFE

(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
13-5581829	65978	1005536-01	158	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	675172
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3718788

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year**7b**

1256166

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

1453

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

24758

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

7c(4)

136368

(5) Other (specify below)

7c(5)

7948

▶ **LOAN PAYMENTS**

(6) Total additions

7c(6)

170527

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

1426693

e Deductions:

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

7e(1)

653633

(2) Administration charge made by carrier

7e(2)

987

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

7e(3)

96901

(4) Other (specify below)

7e(4)

(5) Total deductions

7e(5)

751521

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

675172

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 SECTION 403(B) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STEIN HOSPICE SERVICES, INC	D Employer Identification Number (EIN) 34-1411008

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

No

Yes

☒
- 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

(b)

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

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

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

METLIFE LIFE INSURANCE COMPANY

11225 NORTH COMMUNITY HOUSE ROAD
CHARLOTTE, NC 28277

(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?
64	RECORDKEEPER	1322	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:

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 <u>SECTION 403(B) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(B) PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STEIN HOSPICE SERVICES, INC</u>	D Employer Identification Number (EIN) <u>34-1411008</u>

Part I	Asset and Liability Statement
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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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	6436	0
(3) Other	1b(3)	0	0
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)	46617	15857
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1672638	858147
(15) Other	1c(15)	5234704	4344976

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6960395	5218980
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	6960395	5218980

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)	2590	
(B) Participants	2a(1)(B)	5170	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7760
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)	2432	
(F) Other	2b(1)(F)	24758	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		27190
(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)		0
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(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)		0
(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		936606
d Total income. Add all income amounts in column (b) and enter total	2d		971556

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2696261	
(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)		2696261
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		15387
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	1323	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1323
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2712971

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1741415
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **H W & CO.**

(2) EIN: **34-1663157**

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?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 SECTION 403(B) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STEIN HOSPICE SERVICES, INC		D Employer Identification Number (EIN) 34-1411008
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): 20-3691658		
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
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	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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
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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 <u>03 / 31 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500556A</u> .	

Section 403(b) Retirement Plan for Stein Hospice Service, Inc 403(b) Plan

YEARS ENDED DECEMBER 31, 2023 AND 2022

**SECTION 403(b) RETIREMENT PLAN FOR
STEIN HOSPICE SERVICE, INC 403(b) PLAN**

YEARS ENDED DECEMBER 31, 2023 AND 2022

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Independent Auditor's Report

Board of Trustees
Section 403(b) Retirement Plan for Stein Hospice Service, Inc 403(b) Plan
Cleveland, Ohio

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

We were engaged to perform an audits of the financial statements of Section 403(b) Retirement Plan for Stein Hospice Service, Inc 403(b) Plan, 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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Section 403(b) Retirement Plan for Stein Hospice Service, Inc 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of Section 403(b) Retirement Plan for Stein Hospice Service, Inc. 403(b) Plan referred to in the first paragraph. Because of the significance of matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Because of unavailable records for the prior periods, we were not able to perform sufficient auditing procedures with respect to the participants' individual account balances accumulated from inception of the plan to December 31, 2008. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Section 403(b) Retirement Plan for Stein Hospice Service, Inc 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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 Section 403(b) Retirement Plan for Stein Hospice Service, Inc 403(b) Plan's ability to continue as a going concern for one year after the date that 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 of the section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. 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 GAAS, 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 Section 403(b) Retirement Plan for Stein Hospice Service, Inc 403(b) Plan'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 Section 403(b) Retirement Plan for Stein Hospice Service, Inc 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 Schedule Required by ERISA

The supplemental schedule on pages 13 through 15 as of December 31, 2023 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 audit 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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, are 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).



Cleveland, Ohio
October 11, 2024

**SECTION 403(b) RETIREMENT PLAN FOR
STEIN HOSPICE SERVICE, INC 403(b) PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

ASSETS

	2023	2022
Investments, at fair value	\$ 4,344,976	\$ 5,234,704
Investments, at contract value	858,147	1,672,638
	5,203,123	6,907,342
Receivables:		
Participant notes	36,689	62,652
Contributions; employer		6,436
	36,689	69,088
Net assets available for benefits	\$ 5,239,812	\$ 6,976,430

See notes to financial statements.

SECTION 403(b) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(b) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
Changes to net assets attributed to:		
Net increase (decrease) in value of investments	\$ 936,606	\$ (1,625,753)
Interest and dividends	24,758	38,637
	<u>961,364</u>	<u>(1,587,116)</u>
Interest on participant notes	<u>2,432</u>	<u>2,562</u>
Contributions:		
Employers	2,590	188,178
Participants	<u>5,170</u>	<u>354,220</u>
	<u>7,760</u>	<u>542,398</u>
	<u>971,556</u>	<u>(1,042,156)</u>
Deductions from net assets attributed to:		
Benefits paid to participants	2,706,851	1,640,269
Administrative expenses	<u>1,323</u>	<u>488</u>
	<u>2,708,174</u>	<u>1,640,757</u>
Net decrease in net assets	(1,736,618)	(2,682,913)
Net assets available for benefits, beginning	<u>6,976,430</u>	<u>9,659,343</u>
Net assets available for benefits, ending	<u><u>\$ 5,239,812</u></u>	<u><u>\$ 6,976,430</u></u>

See notes to financial statements.

SECTION 403(b) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

1. Description of the Plan:

General:

Section 403(b) Retirement Plan for Stein Hospice Service, Inc 403(b) Plan (the "Plan") that covered all eligible employees of Stein Hospice Service, Inc. (Stein). Western Reserve Care Solutions (WRCS) (the "Company" and "Plan Sponsor") became the sole member of Stein, effective April 1, 2022 through a member substitution agreement. Effective January 1, 2023, the Plan was frozen and the final employee and employer matching contributions were made to the Plan on January 13, 2023. The Board of Directors of the Plan Sponsor approved to terminate the Plan effective September 1, 2024 (note 10).

The Plan is a defined contribution retirement plan in accordance with Internal Revenue Code (IRC) Section 403(b) covering all employees, except for student employees. An employee becomes eligible to participate in the elective deferral portion of the Plan on their first day of employment with the employer, but in order to participate in the employer matching portion of the Plan, an employee must be at least 21 years of age and have been employed one year. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On January 1, 2010, the Plan sponsor, Stein Hospice Service, Inc. opened a new investment vehicle for its employees. At that same time salary deferrals and contributions were redirected to the new investment vehicle. The financial statements and tax filing are reported as a combination of the old and new investment vehicles.

Contributions:

Participants may elect to contribute a percentage of their compensation into the Plan on a pre-tax or post-tax (Roth contribution) basis. The amount participants can contribute on an annual basis is limited to the amount set by the IRC. The participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may make discretionary employer matching contributions based on a percentage of participants' compensation. The Company provided a 100% matching contribution on a maximum of 4% of participant elective deferrals for 2023 and 2022. The discretionary employer matching contributions totaled \$2,590 in 2023 and \$188,178 in 2022. There were no discretionary employer matching contributions receivable at December 31, 2023. Discretionary employer matching contributions receivable totaled \$6,436 at December 31, 2022.

Participant accounts:

Each participant's account is credited with employer and participant contributions. Plan earnings and losses are allocated based upon account balances.

SECTION 403(b) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2023 AND 2022

1. Description of the Plan (continued):

Vesting:

All participants hired prior to November 1, 2009 were immediately vested in their deferral contributions, discretionary employer matching contributions and earnings/losses thereon. All participants hired on or after November 1, 2009 are immediately vested in the value of their account attributable to the voluntary employee contributions. Participants vest in discretionary employer matching contributions in accordance with the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 1	0%
1	0%
2	100%

Forfeitures of nonvested accounts may be used to reduce the discretionary matching contributions or pay Plan expenses. Forfeitures in the Plan totaled \$1,735 at December 31, 2023 and \$1,367 at December 31, 2022.

Participant notes:

Participants may borrow against their accounts up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Repayment of a note must be made over a period not to exceed five years, unless the note is used to purchase a principal residence, in which case longer repayment term may be permitted. The notes are secured by the balance in the participant's account. As of December 31, 2023, no allowance for credit losses has been recorded. If a participant does not make repayments and the plan administrator deems the participant note to be in default, the participant note balance is reduced and a benefit payment is recorded. The notes bear interest at 4.25% to 7.50% at December 31, 2023 and at December 31, 2022.

Participant notes from the Plan's old investment vehicle are collateralized by the participants investment funds and bear interest at 3.00% to 3.25%. Note terms may range from 1 to 5 years (longer for the purchase of a primary residence). Notes receivable from participants from the Plan's old investment vehicle are made directly with Metropolitan Life Insurance Company (MetLife). The balance of these notes receivable from participants was \$20,955 at December 31, 2023 and \$29,076 at December 31, 2022. All notes receivable from participants are secured by the account balance of each respective individual participant. Principal and interest is paid ratably through payroll deductions.

Payment of benefits:

Participants who suffer serious financial hardship, as defined by the Plan, may withdraw a portion of their vested account in order to meet their financial needs. Once participants attain age 59-1/2, they may also elect to withdraw from their account, any amount not to exceed their vested portion. All accounts are subject to distribution upon the participant's termination, retirement or death.

SECTION 403(b) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2023 AND 2022

1. Description of the Plan (continued):

Payment of benefits (continued):

On termination of service, participants may elect to receive a lump sum distribution equal to the vested value of their account balance, a partial lump sum distribution not to exceed the vested value of their account balance, or in installments not to exceed the life of the participant.

Benefits are recorded when paid.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared under the accrual method.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates and assumptions.

Investment valuation and income and loss recognition:

Investments in pooled separate accounts are reported at fair value which is certified by MetLife, trustee of the Plan, at December 31, 2023 and 2022 are readily determinable on an established market.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. These amounts were primarily provided by MetLife.

3. Investments:

The following table represents the value of investments at December 31, 2023 and 2022. All investments of the Plan are participant-directed.

Investments as provided by MetLife:	<u>2023</u>	<u>2022</u>
Pooled separate accounts (at fair value)	\$ 4,344,976	\$ 5,234,704
Guaranteed interest accounts (at contract value)	<u>858,147</u>	<u>1,672,638</u>
	<u>\$ 5,203,123</u>	<u>\$ 6,907,342</u>

SECTION 403(b) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2023 AND 2022

4. Fair value measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Assets measured at net asset value or fair value on a recurring basis at December 31, 2023 and 2022 were as follows:

	2023 <u>Level 2</u>	2022 <u>Level 2</u>
Pooled separate accounts	<u>\$ 4,344,976</u>	<u>\$ 5,234,704</u>

Amounts allocated to the investment account within an MetLife separate account are credited to a participant's account in the form of accumulation units. The value of an accumulation unit of any investment account is determined at the close of each business day and is directly related to the net asset value of the shares of the underlying investment adjusted for any dividends or distributions received by MetLife and the daily equivalent of any fee charged by MetLife pursuant to the contract. The value of each accumulation unit is published each business day. Each investment account is invested by MetLife exclusively in shares of a specific mutual fund or other investment entities as directed by the contract holder and/or the participant.

SECTION 403(b) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2023 AND 2022

5. Investment contracts with insurance company:

The Plan participates in a benefit-responsive investment contracts with MetLife. MetLife maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contracts are included in the financial statements at contract value as reported to the plan by MetLife. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate was based on a formula agreed upon with the issuer. Such interest rates were reviewed on a quarterly basis for resetting.

Certain events limited the Plan's ability to transact at contract value with MetLife. Such events included the following (a) amendments to the plan documents (including complete or partial termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under the ERISA. The plan administrator did not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with plan participants, was probable.

Generally, there were no events that limited the ability of the Plan to transact at contract value paid within 90 days or contract value paid over time. Additionally, there were not any events that allowed the issuer to terminate the contract and which required the Plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

The net average yields on the contracts was 3.15% and 2.08% in 2023 and 3.08% and 2.98% in 2022.

6. Administrative expenses:

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of participant notes are charged directly to the participant's account and are included in administrative expenses. Certain investment related expenses are included in the net increase (decrease) in the value of investments. Certain administrative functions of the Plan are performed by employees of the Company. No such employee, nor the Company, receives compensation from the Plan for these functions.

SECTION 403(b) RETIREMENT PLAN FOR STEIN HOSPICE SERVICE, INC 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2023 AND 2022

7. Information certified by trustee:

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held, participant notes at December 31, 2023 and 2022 and net increase (decrease) in value of investments and interest and dividends for the year ended December 31, 2023, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by MetLife (trustee of the Plan).

8. Income tax status:

The Internal Revenue Service (IRS) has determined that the MetLife's non-standard deferred contribution pre-approved plan under which the Plan is organized, is designed in accordance with applicable sections of the IRC. MetLife's plan received a determination letter from the IRS dated March 31, 2017. The Plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is exempt from taxation.

U.S. GAAP require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service and the Department of Labor. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Party-in-interest transactions:

Certain Plan investments are managed by MetLife. MetLife is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Certain fees related to the administration of the Plan were paid by the Plan or the Company, which qualify as party-in-interest transactions. Administrative expenses of the Plan paid by the Company. Certain administrative functions are performed by employees of the Company. Neither any such employee, nor the Company, receives compensation from the Plan for these functions.

10. Plan termination:

The Company had the right at any time within its sole discretion to reduce, suspend or discontinue contributions to the Plan or to terminate the Plan subject to the provisions of ERISA. Subsequent to year end, the Board of Directors of the Plan Sponsor elected to terminate the Plan effective September 1, 2024. Final distributions will be determined on all participants being 100% vested and will be made as soon as possible after the termination date. In accordance with U.S. GAAP, the Plan changed its basis of accounting from the ongoing plan basis to the liquidation basis subsequent to year end.

11. Risks and uncertainties:

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

**SECTION 403(b) RETIREMENT PLAN FOR
STEIN HOSPICE SERVICE, INC 403(b) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2023 AND 2022

12. Reconciliation of financial statements to Schedule H of Form 5500:

Differences were noted between the accompanying financial statements and the amounts report in the 2023 and 2022 Form 5500. For Form 5500 purposes, defaulted notes are considered to be a deemed distribution to the participants. For financial statement purposes, the notes are still considered to be assets of the Plan due to them being accrued by the participant's account and also due to the Plan allowing for participants to designate in what investment programs their account balance should be invested.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2023:

Net assets available for benefits per the financial statements	\$ 5,239,812
Less: Deemed distribution of participant notes	<u>(20,832)</u>
Net assets available for benefits per Form 5500	<u>\$ 5,218,980</u>

The following is a reconciliation of total deductions per the financial statements to the Form 5500 for the year ended December 31, 2023:

Deductions per the financial statements	\$ 2,706,851
Plus: Deemed distribution of participant notes	<u>4,797</u>
Deductions per Form 5500	<u>\$ 2,711,648</u>

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2022:

Net assets available for benefits per the financial statements	\$ 6,976,430
Less: Deemed distribution of participant notes	<u>(16,035)</u>
Net assets available for benefits per Form 5500	<u>\$ 6,960,395</u>

The following is a reconciliation of total deductions per the financial statements to the Form 5500 for the year ended December 31, 2022:

Deductions per the financial statements	\$ 1,640,269
Plus: Deemed distribution of participant notes	<u>16,035</u>
Deductions per Form 5500	<u>\$ 1,656,574</u>

13. Subsequent events:

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 11, 2024, the date the Plan's financial statements were available to be issued.

**SECTION 403(b) RETIREMENT PLAN FOR
STEIN HOSPICE SERVICE, INC 403(b) PLAN**

EIN 34-1411008
PLAN NUMBER 001

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

DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Identity of issue, borrower, lessor or similar party				
Participant directed:				
Pooled separate accounts (at fair value):				
	American Funds GRO Fund 2	Pooled separate account	\$	873,655
	BHFT T ROWE Price Mid Cap Growth	Pooled separate account		382,637
	BHFT American Fund Balanced	Pooled separate account		328,459
	BHFTT Wellington Core Equity	Pooled separate account		326,724
	BHFT T ROWE Price Large Cap	Pooled separate account		264,653
	Amer Funds Growth Fund	Pooled separate account		250,885
	BHFT Harris Oakmark Intl	Pooled separate account		176,525
	BHFT MFS Research International Class	Pooled separate account		173,059
	BHFT T ROWE Price Small Cap	Pooled separate account		172,186
	BHFTII MFS Value	Pooled separate account		99,331
	BHFT Wellington Large Cap	Pooled separate account		94,784
*	BHFT MetLife Stock Index	Pooled separate account		93,317
	American Funds VIS GLOB SM CAP	Pooled separate account		91,090
	TRP Mid Cap Growth	Pooled separate account		70,124
*	BHFT MetLife MSCI	Pooled separate account		62,052
*	BHFT MetLife Russel 2000 Index	Pooled separate account		53,299
	Calvert VP SRI Balanced Portfolio CL1	Pooled separate account		50,521
	BHFT PIMCO Inflation Protected	Pooled separate account		49,490
	BHFTI Invesco Global Equity Portfolio	Pooled separate account		48,867
	BH/WELLCREQIOPPR	Pooled separate account		46,907
	BHFT Loomis Sayles Small Cap	Pooled separate account		46,722
	American Funds Growth Income Fund 2	Pooled separate account		46,615
*	BHFT MetLife Mid Cap Stock	Pooled separate account		44,371
	MFS Research Int'l	Pooled separate account		40,678
*	MetLife Mid Cap Stk	Pooled separate account		35,864
	BHFT Brighthouse Asset Allocation 60	Pooled separate account		33,286
	T Rowe LgCpGr	Pooled separate account		31,393
	Victory Sycamore Mid Cap Val Port A	Pooled separate account		29,722
	BHFT Brighthouse Wellington Balanced A	Pooled separate account		24,802
	Am Funds Global SC	Pooled separate account		22,699
	MFS Total Return	Pooled separate account		17,119

(continued)

**SECTION 403(b) RETIREMENT PLAN FOR
STEIN HOSPICE SERVICE, INC 403(b) PLAN**

EIN 34-1411008
PLAN NUMBER 001

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

DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of	Cost	Current Value	
Participant directed (continued):				
Pooled separate accounts (at fair value) (continued):				
	BHFTI LOOMIS SAYLES Growth	Pooled separate account		15,754
	BHFT MFS Total Return Class A	Pooled separate account		14,967
	MFS Value Portfolio	Pooled separate account		14,680
	BHFT American Funds Growth Allocation C	Pooled separate account		14,016
	VtrSycmr MidCp Val Port	Pooled separate account		13,880
	BHFT American Fund Moderate	Pooled separate account		12,798
	Fidelity VIP Freedom 2020	Pooled separate account		12,509
	MFS Value Portfolio E	Pooled separate account		10,798
	Calvert VP SRI Balanced	Pooled separate account		10,617
	BHFT PIMCO Total Return Class A	Pooled separate account		10,607
	BHFTI Morgan Stanley	Pooled separate account		10,232
	BHFT Brighthouse Asset Allocation	Pooled separate account		9,737
	BHFT Loomis Sayles Small Cap Growth	Pooled separate account		9,627
	Amer Funds Grt-Inc Fund	Pooled separate account		8,202
	American Funds Insurance Series	Pooled separate account		7,926
	Loomis Sayles Small Cap	Pooled separate account		6,797
	Stock Index	Pooled separate account		6,498
	Harris Oakmark Intrntnl	Pooled separate account		6,324
	Fidelity VIP Freedom 2040	Pooled separate account		6,103
	Neuberger Brman Genesis	Pooled separate account		5,967
	BHFT Jennison Growth Class A	Pooled separate account		5,754
*	METLIFE MSCI EAFE INDEX	Pooled separate account		5,455
	BH/ARTISAN MID CAP VAL	Pooled separate account		4,616
	BHFT MFS Value Class A	Pooled separate account		3,877
	BHFT Western Asset Mgmt Strat Bond	Pooled separate account		3,819
	PIMCO Total Return	Pooled separate account		3,748
	Fidelity Investment Grade Bond	Pooled separate account		3,695
	Fidelity VIP Growth	Pooled separate account		3,643
	Frontier MidCap Gr Port	Pooled separate account		3,617
*	BHFT MetLife Aggregate Bond Index	Pooled separate account		2,223

(continued)

**SECTION 403(b) RETIREMENT PLAN FOR
STEIN HOSPICE SERVICE, INC 403(b) PLAN**

EIN 34-1411008
PLAN NUMBER 001

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

DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of	Cost	Current Value
	Participant directed (continued):			
	Pooled separate accounts (at fair value) (continued):			
	BHFT Frontier Mid Cap Growth	Pooled separate account		1,984
	TRP Small Cap Growth	Pooled separate account		1,983
	BHFT Blackrock Bond Income	Pooled separate account		1,902
	BH/W LRG CP RRCH	Pooled separate account		1,878
	LoomSay Growth Portfoli	Pooled separate account		1,509
	BH/WELLINGTON BALANCED	Pooled separate account		1,276
	BH ASSET ALL 20	Pooled separate account		1,070
	Loomis Sayles Sm Cap	Pooled separate account		915
	BHFT Blackrock Capital Appreciation E	Pooled separate account		798
	BHFTI Loomis Sayles Global Alloc Port B	Pooled separate account		636
	MS Discovery Portfolio	Pooled separate account		625
	Baillie Intl Stock	Pooled separate account		64
	Fidelity VIP Freedom 2030	Pooled separate account		14
	Guaranteed interest accounts (at contract value):			
*	Fixed Interest Account	Average rate of 3.15%		675,172
*	Fix Int Acct	Average rate of 2.08%		182,975
*	Participant notes	Interest rates of 4.25% - 7.50%	\$ -	36,689
				\$ 5,239,812

* Represents a party-in-interest to the Plan.

The above information has been certified by Metropolitan Life Insurance Company, the trustee, as complete and accurate.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**Section 403(b) Retirement Plan for Stein Hospice Services, Inc. 403(b) Plan****01-JAN-23 to 31-DEC-23****20-JAN-24 15:06:33**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1METBF			7,709.69	7,925.78
1METGO			351,403.94	873,655.11
1METGS			58,713.15	91,090.14
1METTI			23,293.47	46,614.67
1METESR			31,657.08	50,520.84
1METJR			7,668.04	15,754.12
1METRR			69,740.10	99,330.97
1FIDIGB			3,661.57	3,695.28
1FIDGRW			1,993.39	3,643.08
1MET1R			11,314.46	12,509.14
1METRB			14.01	14.10
1METRF			5,397.73	6,102.94
1METAG			1,410.32	1,984.13
1METMX			26,641.26	44,370.86
1METRL			124,311.71	173,058.89
1METLV			2,689.29	3,876.63
1METBA			282,445.03	328,458.62
1METGA			11,707.81	14,015.54
1METMA			11,708.45	12,797.85
1METGRW			45,530.07	94,784.09
1METIC			132,535.38	176,525.26
1METL2			364.87	636.11
1METLA			13,622.35	29,721.90
1METSM			22,812.00	10,232.20
1METFV			24,466.74	48,867.19
1METPI			52,142.45	49,490.47
1METTR			10,137.26	10,606.80
1METMG			192,584.22	382,636.93
1METNA			8,134.19	9,736.99
1METIB			1,809.85	1,902.44
1METDVS			15,908.33	24,801.60
1METVV			151,742.62	326,723.93
1METJE			3,128.48	5,754.43
1METLS			31,869.97	46,721.79
1METSG			4,659.08	9,626.99
1METESI			63,794.07	93,316.85
1METMT			8,378.39	14,966.95
1METLC			121,519.19	264,653.14
1METSC			85,938.38	172,185.54
1METSB			3,661.77	3,819.20
1METBI			2,112.93	2,223.34
1METAE			585.46	797.88
1METM3			26,677.95	33,286.03
1METII			59,532.54	62,052.01
1METRI			57,627.50	53,299.38
1FIA			91,380.71	91,380.71
1FIA		3.150	506,393.37	582,055.65
			2,772,530.62	4,392,224.49
PARTICIPANT LOANS	VARIOUS	4.250-7.250	15,762.65	15,857.17
FORFEITURES			1,735.40	1,735.40

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Section 403(b) Retirement Plan for Stein Hospice Services, Inc. 403(b) Plan**01-JAN-23 to 31-DEC-23****20-JAN-24 15:06:33**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 341411008

LEGEND

INVESTMENT OPTION:

1METBF American Funds Insurance Series (R)
 1METGS American Funds (R) VIS Glob Sm Cap CL 2
 1METESR Calvert VP SRI Balanced Portfolio CI I
 1METRR BHFTII MFS Value E
 1FIDGRW Fidelity (R) VIP Growth
 1METRB Fidelity VIP Freedom 2030 Service CI 2
 1METAG BHFT Frontier Mid Cap Growth A
 1METRL BHFT MFS Research International Class A
 1METBA BHFT American Fund Balanced Allocation C
 1METMA BHFT American Fund Moderate Allocation C
 1METIC BHFT Harris Oakmark International CL E
 1METLA Victory Sycamore Mid Cap Val Port A
 1METFV BHFTI Invesco Global Equity Portfolio
 1METTR BHFT PIMCO Total Return Class A
 1METNA BHFT Brighthouse Asset Allocation 100 A
 1METDVS BHFT Brighthouse/Wellington Balanced A
 1METJE BHFT Jennison Growth Class A
 1METSG BHFT Loomis Sayles Small Cap Growth A
 1METMT BHFT MFS Total Return Class A
 1METSC BHFT T Rowe Price Small Cap Growth A
 1METBI BHFT MetLife Aggregate Bond Index A
 1METM3 BHFT Brighthouse Asset Allocation 60 A
 1METRI BHFT MetLife Russell 2000 Index Port A

1METGO American Funds (R) Gro Fund 2
 1METTI American Funds Growth-Income Fund 2
 1METJR BHFTI Loomis Sayles Growth Portfolio A
 1FIDIGB Fidelity (R) Investment Grade Bond
 1MET1R Fidelity VIP Freedom 2020 Service CI 2
 1METRF Fidelity VIP Freedom 2040 Service CI 2
 1METMX BHFT MetLife Mid Cap Stock Index Class A
 1METLV BHFT MFS Value Class A
 1METGA BHFT American Funds Growth Allocation C
 1METGRW BHFT BH/Wellington Large Cap Research A
 1METL2 BHFTI Loomis Sayles Global Alloc Port B
 1METSM BHFTI Morgan Stanley Discovery Port A
 1METPI BHFT PIMCO Inflation Protected Class E
 1METMG BHFT - T. Rowe Price Mid Cap Growth CL A
 1METIB BHFT BlackRock Bond Income - Class A
 1METVV BHFTT BH/Wellington Core Equity Opp CL A
 1METLS BHFT Loomis Sayles Small Cap Core A
 1METESI BHFT MetLife Stock Index Class A
 1METLC BHFT T Rowe Price Large Cap Growth A
 1METSB BHFT - Western Asset Mgmt Strat Bond Opp
 1METAE BHFT BlackRock Capital Appreciation E
 1METII BHFT MetLife MSCI EAFE Index - Class A
 1FIA Fixed Interest Account

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year