

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C 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

<p>1a Name of plan <u>EMPLOYEE BENEFITS PLAN OF CHILDHAVEN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>CHILDHAVEN</u></p> <p><u>1035 SW 124TH STREET</u> <u>SEATTLE, WA 98146</u></p>	<p>1c Effective date of plan <u>09/01/1952</u></p> <p>2b Employer Identification Number (EIN) <u>91-0402430</u></p> <p>2c Plan Sponsor's telephone number <u>206-957-4818</u></p> <p>2d Business code (see instructions) <u>624410</u></p>

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.	01/03/2025	MARLENA TORRES
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	101
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)	7
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (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 0
 - (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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>EMPLOYEE BENEFITS PLAN OF CHLDHAVEN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHLDHAVEN</u>	D Employer Identification Number (EIN) <u>91-0402430</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a		<u>3063071</u>
b Actuarial value	2b		<u>3369380</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>4</u>	<u>398798</u>	<u>398798</u>
b For terminated vested participants	<u>90</u>	<u>3331647</u>	<u>3331647</u>
c For active participants	<u>7</u>	<u>400839</u>	<u>400839</u>
d Total	<u>101</u>	<u>4131284</u>	<u>4131284</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.35 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>0</u>
c Target normal cost	6c		<u>0</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>01/03/2025</u>	Date
	<u>VINCENT YANG</u>	<u>23-08878</u>	Most recent enrollment number
	<u>NWPS</u>	<u>408-618-0111</u>	Telephone number (including area code)
	<u>160 WEST SANTA CLARA STREET SUITE 1550 SAN JOSE, CA 95113-1726</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-9.77</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		129284
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %		7162
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		136446
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.55 %
15	Adjusted funding target attainment percentage	15	81.55 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.86 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/15/2023	1608942	0					
			Totals ▶	18(b)	1608942	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1530153
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	761904	75791
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	75791
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	Carryover balance	Prefunding balance	
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....			75791
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			1530153

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	1454362
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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

A Name of plan EMPLOYEE BENEFITS PLAN OF CHILDHAVEN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDHAVEN	D Employer Identification Number (EIN) 91-0402430	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: BAKER TILLY US, LLP	b EIN: 39-0859910
c Position: AUDITOR	
d Address: 1000 SECOND AVE SUITE 3400 SEATTLE, WA 98104	e Telephone: 206-621-1900

Explanation: BAKER TILLY US, LLP COMPLETED A STRATEGIC INVESTMENT ON JUNE 3, 2024, AND AS A RESULT HAS APPLIED FOR AND OBTAINED A NEW EIN. THERE HAS BEEN NO CHANGE IN AUDIT FIRM.

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan EMPLOYEE BENEFITS PLAN OF CHILDHAVEN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDHAVEN	D Employer Identification Number (EIN) 91-0402430

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	223	6
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	107
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	870611	1172093
(2) U.S. Government securities	1c(2)	112995	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1153956	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	480490	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14731	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	430067	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3063073	1172206
Liabilities			
g Benefit claims payable	1g	0	27148
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	1145058
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	1172206
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3063073	0

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)	1608942	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1608942
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	39898	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		39898
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	64959	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		64959
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	279163	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		279163
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-117345	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-117345

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1875617

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2184690	
(2) To insurance carriers for the provision of benefits.....	2e(2)	2754000	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4938690
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4938690

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-3063073
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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 0.

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 523245.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>EMPLOYEE BENEFITS PLAN OF CHILDAHVEN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDAHVEN</u>	D Employer Identification Number (EIN) <u>91-0402430</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	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): <u>13-1614399</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	47

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
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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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Employee Benefits Plan of Childhaven

Financial Statements and
Supplementary Information

December 31, 2023 (in Liquidation) and 2022 (Ongoing)

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Independent Auditors' Report

To the Board of Directors of
Employee Benefits Plan of Childhaven

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

We have performed audits of the financial statements of Employee Benefits Plan of Childhaven (the "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 statement of net assets available for benefits as of December 31, 2023 (in Liquidation) and December 31, 2022 (Ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2023 (in Liquidation) and 2022 (Ongoing), and the statement of accumulated plan benefits as of December 31, 2022 (Ongoing), and the related statement of changes in accumulated plan benefits for the year ended December 31, 2022 (Ongoing), 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 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Employee Benefits Plan of Childhaven 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.

Emphasis of Matter — Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 and 2 to the financial statements, the Board of Directors of Childhaven, who administers the Plan approved a plan of liquidation on April 15, 2023, and determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the ongoing plan basis of accounting used in presenting the 2022 financial statements to the liquidation basis of accounting used in presenting the 2023 financial statements. Our opinion is not modified with respect to this matter.

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.

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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 the Employee Benefits Plan of Childhaven'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.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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).

Baker Tilly US, LLP

Seattle, Washington
December 17, 2024

Employee Benefits Plan of Childhaven
EIN: 91-0402430
Plan: 001
2023

Schedule SB, Line 26 -
Schedule of Active Participant Data

Age	Years of Benefit Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	1	1	0	0	0	0	0	0	0	2
45 to 49	0	1	0	0	0	0	0	0	0	0	1
50 to 54	0	0	1	0	0	0	0	0	0	0	1
55 to 59	0	0	0	0	1	1	0	0	0	0	2
60 to 64	0	0	0	1	0	0	0	0	0	0	1
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	2	1	1	1	0	0	0	0	7

**DEFINED BENEFIT PENSION PLAN
OF CHILDHAVEN**

ACTUARIAL METHODS AND ASSUMPTIONS

As of January 1, 2023

A) ACTUARIAL METHODS

1) Cost Method

The funding method used for this valuation is the "Unit Credit" funding method as required by the Pension Protection Act of 2006.

2) Asset Valuation Method

For Funding purposes, Plan assets are valued using a 3-year averaging method. Under this method the market value of assets for the prior plan year and the second prior plan year are brought forward to the current plan year by actual contributions, distributions and expenses plus expected investment earnings, which are determined using the lesser of the third segment interest rate and the anticipated interest rate of 7.00%. The asset value is the average of the current market value and the value of assets brought forward for the two prior years. This smooths out fluctuations in employer contributions from year to year. The Plan assets cannot be less than 90% or more than 110% of the Market Value of Assets.

B) ACTUARIAL ASSUMPTIONS

The results set forth in this report have as their basis the following valuation assumptions.

1) Interest Rate

Interest rate assumptions employed in this valuation are summarized below:

Liability Measured	Rates	Date Adopted
Minimum Funding	4.75%/5.00%/5.74%	January 1, 2023
Minimum Funding Effective Rate	5.35%	January 1, 2023
ASC 960 Discount (Exhibit 7)	5.00%	January 1, 2023
PBGC Premium (Appendix I)	2.13%/3.62%/3.93%	January 1, 2023

The Minimum Funding Effective Rate is used to discount receivable contributions for determining the Market Value of Assets for both Funding and PBGC Premium purposes. It is determined as the single rate that is be used to calculate the same liability amount as the required three segment rates used for funding purposes.

The *ASC 960 Discount* rate is the single rate that is equivalent to discounting the expected benefit payment stream for expected future benefit payments using the annual spot rates from the December 2022 Citigroup Pension Discount Curve.

**DEFINED BENEFIT PENSION PLAN
OF CHILDHAVEN**

ACTUARIAL METHODS AND ASSUMPTIONS

January 1, 2023

2) Mortality

For Funding and PBGC premium purposes, the IRS mandated mortality table for valuation dates beginning in 2023. For ASC 960 purposes, the sex-distinct RP-2014 (Blue Collar) Mortality Table projected using the MP-2021 projection scale was used to estimate participant mortality rates.

3) Salary Scale

Effective with the December 31, 2010 Plan freeze date, salaries are assumed to increase at the rate of 0.0% per year.

4) Terminations

Assumed rates of voluntary termination are based on 300% the T-5 Rates of Withdrawal as published in *The Pension Actuary's Handbook*. Sample rates are shown below:

<u>Age</u>	<u>Number Terminating Per 1,000 Covered</u>
25	231.7
30	216.7
35	194.7
40	154.5
45	119.3
50	76.9
55	28.2

5) Retirement Age

Assumed retirement age is 63, or immediate if beyond age 63.

6) Expenses

None assumed.

**DEFINED BENEFIT PENSION PLAN
OF CHILDHAVEN**

APPENDIX B
(Continued)

ACTUARIAL METHODS AND ASSUMPTIONS

January 1, 2023

CHANGES SINCE THE PRIOR YEAR AND REASONS FOR CHANGE

All actuarial assumptions described are the same as used in the prior year's report, except for the Funding and PBGC Premium interest rates and the mortality table used for both, which are mandated changes by law.

Finally, the discount rate of 5.00% was determined by discounting the expected benefit payment stream for expected future payments that are required to be measured per ASC 960 using the December 2022 Citigroup Pension Discount Curve spot rates.

Employee Benefits Plan of Childhaven

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 91-0402430 Plan Number: 002

Year Ended December 31, 2023

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions								
	See attached schedules	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Series Transactions								
	See attached schedules	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY ISSUE) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE	SHARES/PV	PURCHASE/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX =====					
1/ 3/23	223.260	PURCHASED 1.00	0.00	-223.26	223.26
12/30/22	4,023.320	PURCHASED 1.00	0.00	-4,023.32	4,023.32
1/ 4/23	1,622.040	SOLD 1.00	0.00	1,622.04	1,622.04
1/ 5/23	25.880	PURCHASED 1.00	0.00	-25.88	25.88
1/ 9/23	28.750	PURCHASED 1.00	0.00	-28.75	28.75
1/10/23	762.500	PURCHASED 1.00	0.00	-762.50	762.50
1/17/23	139.450	PURCHASED 1.00	0.00	-139.45	139.45
1/18/23	21.900	PURCHASED 1.00	0.00	-21.90	21.90
1/17/23	1,372.250	PURCHASED 1.00	0.00	-1,372.25	1,372.25
1/20/23	4.600	PURCHASED 1.00	0.00	-4.60	4.60
1/24/23	885.000	PURCHASED 1.00	0.00	-885.00	885.00
1/26/23	47.500	PURCHASED 1.00	0.00	-47.50	47.50
1/30/23	12.500	PURCHASED 1.00	0.00	-12.50	12.50
1/31/23	1,200.000	PURCHASED 1.00	0.00	-1,200.00	1,200.00
2/ 1/23	169.500	PURCHASED 1.00	0.00	-169.50	169.50
2/ 2/23	2,406.330	SOLD 1.00	0.00	2,406.33	2,406.33
2/ 3/23	23.400	PURCHASED 1.00	0.00	-23.40	23.40
2/ 9/23	38,647.320	SOLD 1.00	0.00	38,647.32	38,647.32
2/10/23	198.840	PURCHASED 1.00	0.00	-198.84	198.84
2/15/23	12.500	PURCHASED 1.00	0.00	-12.50	12.50
2/16/23	2,264.280	PURCHASED 1.00	0.00	-2,264.28	2,264.28
2/15/23	2,714.770	PURCHASED 1.00	0.00	-2,714.77	2,714.77
2/17/23	49.450	PURCHASED 1.00	0.00	-49.45	49.45
2/21/23	48.000	PURCHASED 1.00	0.00	-48.00	48.00
2/22/23	650.000	PURCHASED 1.00	0.00	-650.00	650.00
2/28/23	50,937.500	PURCHASED 1.00	0.00	-50,937.50	50,937.50
3/ 1/23	656.250	PURCHASED 1.00	0.00	-656.25	656.25
3/ 2/23	2,369.540	SOLD 1.00	0.00	2,369.54	2,369.54
3/ 6/23	47.560	PURCHASED 1.00	0.00	-47.56	47.56
3/ 8/23	50.850	PURCHASED 1.00	0.00	-50.85	50.85
3/ 9/23	21.300	PURCHASED 1.00	0.00	-21.30	21.30
3/10/23	71.400	PURCHASED 1.00	0.00	-71.40	71.40
3/13/23	50,879.230	SOLD 1.00	0.00	50,879.23	50,879.23
3/16/23	368.840	PURCHASED 1.00	0.00	-368.84	368.84
3/15/23	2,720.430	PURCHASED 1.00	0.00	-2,720.43	2,720.43
3/17/23	879.200	PURCHASED 1.00	0.00	-879.20	879.20
3/21/23	562.500	PURCHASED 1.00	0.00	-562.50	562.50
3/22/23	48.600	PURCHASED 1.00	0.00	-48.60	48.60
3/23/23	23.870	PURCHASED 1.00	0.00	-23.87	23.87
3/24/23	258.500	PURCHASED 1.00	0.00	-258.50	258.50
3/27/23	54.000	PURCHASED 1.00	0.00	-54.00	54.00
3/29/23	292.540	PURCHASED 1.00	0.00	-292.54	292.54
3/30/23	695.570	PURCHASED 1.00	0.00	-695.57	695.57
3/31/23	60.000	PURCHASED 1.00	0.00	-60.00	60.00
4/ 3/23	263.160	PURCHASED 1.00	0.00	-263.16	263.16
4/ 4/23	1,840.200	SOLD 1.00	0.00	1,840.20	1,840.20
4/ 6/23	25.880	PURCHASED 1.00	0.00	-25.88	25.88
4/17/23	103.750	PURCHASED 1.00	0.00	-103.75	103.75
4/18/23	1,812.780	PURCHASED 1.00	0.00	-1,812.78	1,812.78
4/17/23	3,309.260	PURCHASED 1.00	0.00	-3,309.26	3,309.26
4/26/23	4.600	PURCHASED 1.00	0.00	-4.60	4.60
4/27/23	48.750	PURCHASED 1.00	0.00	-48.75	48.75
5/ 1/23	101.400	PURCHASED 1.00	0.00	-101.40	101.40
5/ 2/23	2,301.330	SOLD 1.00	0.00	2,301.33	2,301.33

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY ISSUE) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE	SHARES/PV	PURCHASE/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
5/ 5/23	375.000	PURCHASED 1.00	0.00	-375.00	375.00
5/11/23	12.500	PURCHASED 1.00	0.00	-12.50	12.50
5/16/23	2,558.880	PURCHASED 1.00	0.00	-2,558.88	2,558.88
5/15/23	2,938.530	PURCHASED 1.00	0.00	-2,938.53	2,938.53
5/19/23	51.600	PURCHASED 1.00	0.00	-51.60	51.60
5/22/23	50.400	PURCHASED 1.00	0.00	-50.40	50.40
5/23/23	516.250	PURCHASED 1.00	0.00	-516.25	516.25
5/31/23	21.660	PURCHASED 1.00	0.00	-21.66	21.66
6/ 1/23	72,695.580	SOLD 1.00	0.00	72,695.58	72,695.58
6/ 2/23	2,025.800	SOLD 1.00	0.00	2,025.80	2,025.80
6/ 5/23	30.710	PURCHASED 1.00	0.00	-30.71	30.71
6/ 7/23	53.550	PURCHASED 1.00	0.00	-53.55	53.55
6/ 9/23	92.700	PURCHASED 1.00	0.00	-92.70	92.70
6/12/23	81.460	PURCHASED 1.00	0.00	-81.46	81.46
6/13/23	140.910	PURCHASED 1.00	0.00	-140.91	140.91
6/14/23	2,293.450	PURCHASED 1.00	0.00	-2,293.45	2,293.45
6/15/23	20,322.290	PURCHASED 1.00	0.00	-20,322.29	20,322.29
6/16/23	1,302.420	PURCHASED 1.00	0.00	-1,302.42	1,302.42
6/15/23	3,243.900	PURCHASED 1.00	0.00	-3,243.90	3,243.90
6/20/23	35.550	PURCHASED 1.00	0.00	-35.55	35.55
6/21/23	55.120	PURCHASED 1.00	0.00	-55.12	55.12
6/22/23	23.870	PURCHASED 1.00	0.00	-23.87	23.87
6/23/23	71.400	PURCHASED 1.00	0.00	-71.40	71.40
6/26/23	625.400	PURCHASED 1.00	0.00	-625.40	625.40
6/28/23	37.600	PURCHASED 1.00	0.00	-37.60	37.60
6/29/23	284.510	PURCHASED 1.00	0.00	-284.51	284.51
6/30/23	73.800	PURCHASED 1.00	0.00	-73.80	73.80
7/ 3/23	267.640	PURCHASED 1.00	0.00	-267.64	267.64
7/ 5/23	16,742.120	SOLD 1.00	0.00	16,742.12	16,742.12
7/ 6/23	32.340	PURCHASED 1.00	0.00	-32.34	32.34
7/11/23	786.050	PURCHASED 1.00	0.00	-786.05	786.05
7/17/23	14,019.680	SOLD 1.00	0.00	14,019.68	14,019.68
7/18/23	15.900	PURCHASED 1.00	0.00	-15.90	15.90
7/17/23	3,293.950	PURCHASED 1.00	0.00	-3,293.95	3,293.95
7/25/23	885.000	PURCHASED 1.00	0.00	-885.00	885.00
7/26/23	1,063,986.590	PURCHASED 1.00	0.00	-1,063,986.59	1,063,986.59
7/27/23	48.750	PURCHASED 1.00	0.00	-48.75	48.75
7/28/23	2,903.940	SOLD 1.00	0.00	2,903.94	2,903.94
7/31/23	24,796.690	SOLD 1.00	0.00	24,796.69	24,796.69
8/ 1/23	1,354.500	PURCHASED 1.00	0.00	-1,354.50	1,354.50
8/ 2/23	6,166.030	SOLD 1.00	0.00	6,166.03	6,166.03
8/10/23	187.500	PURCHASED 1.00	0.00	-187.50	187.50
8/15/23	5,970.770	PURCHASED 1.00	0.00	-5,970.77	5,970.77
8/16/23	187,304.460	SOLD 1.00	0.00	187,304.46	187,304.46
8/21/23	32.500	PURCHASED 1.00	0.00	-32.50	32.50
8/22/23	650.000	PURCHASED 1.00	0.00	-650.00	650.00
8/31/23	656.250	PURCHASED 1.00	0.00	-656.25	656.25
9/ 5/23	6,378.220	SOLD 1.00	0.00	6,378.22	6,378.22
9/ 7/23	30,085.310	PURCHASED 1.00	0.00	-30,085.31	30,085.31
9/ 8/23	148,970.600	SOLD 1.00	0.00	148,970.60	148,970.60
9/18/23	250.000	PURCHASED 1.00	0.00	-250.00	250.00
9/15/23	7,142.920	PURCHASED 1.00	0.00	-7,142.92	7,142.92
9/19/23	800.000	PURCHASED 1.00	0.00	-800.00	800.00
9/20/23	562.500	PURCHASED 1.00	0.00	-562.50	562.50
9/28/23	6,744.700	PURCHASED 1.00	0.00	-6,744.70	6,744.70
10/ 3/23	5,785.290	SOLD 1.00	0.00	5,785.29	5,785.29
10/17/23	1,796.880	PURCHASED 1.00	0.00	-1,796.88	1,796.88
10/16/23	5,989.300	PURCHASED 1.00	0.00	-5,989.30	5,989.30

EMPLOYEE BENEFITS PLAN OF CHILDAHVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY ISSUE) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE	SHARES/PV	PURCHASE/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
10/19/23	189,784.670	SOLD	1.00	0.00	189,784.67
11/ 2/23	6,385.720	SOLD	1.00	0.00	6,385.72
11/ 7/23	375.000	PURCHASED	1.00	0.00	-375.00
11/14/23	1,568.750	PURCHASED	1.00	0.00	-1,568.75
11/16/23	787.500	PURCHASED	1.00	0.00	-787.50
11/15/23	5,505.910	PURCHASED	1.00	0.00	-5,505.91
11/22/23	516.250	PURCHASED	1.00	0.00	-516.25
11/30/23	325,613.790	SOLD	1.00	0.00	325,613.79
12/ 1/23	531.250	PURCHASED	1.00	0.00	-531.25
12/ 4/23	6,048.220	SOLD	1.00	0.00	6,048.22
12/ 5/23	106.600	PURCHASED	1.00	0.00	-106.60
12/ 7/23	114,399.870	PURCHASED	1.00	0.00	-114,399.87
12/ 8/23	1,062,416.970	SOLD	1.00	0.00	1,062,416.97
12/ 8/23	1,076,123.470	PURCHASED	1.00	0.00	-1,076,123.47
12/19/23	27,148.210	PURCHASED	1.00	0.00	-27,148.21
12/21/23	213.200	SOLD	1.00	0.00	213.20
12/29/23	7,606.940	PURCHASED	1.00	0.00	-7,606.94
				0.00	4,658,115.67

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EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY BROKER) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE	SHARES/PV	DESCRIPTION	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
CHARLES SCHWAB & CO.					
1/ 3/23	223.260	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-223.26	223.26
12/30/22	4,023.320	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-4,023.32	4,023.32
1/ 4/23	1,622.040	S SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	1,622.04	-1,622.04
1/ 5/23	25.880	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-25.88	25.88
1/ 9/23	28.750	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-28.75	28.75
1/10/23	762.500	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-762.50	762.50
1/17/23	139.450	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-139.45	139.45
1/18/23	21.900	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-21.90	21.90
1/17/23	1,372.250	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-1,372.25	1,372.25
1/20/23	4.600	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-4.60	4.60
1/24/23	885.000	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-885.00	885.00
1/26/23	47.500	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-47.50	47.50
1/30/23	12.500	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-12.50	12.50
1/31/23	1,200.000	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-1,200.00	1,200.00
2/ 1/23	169.500	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-169.50	169.50
2/ 2/23	2,406.330	S SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	2,406.33	-2,406.33
2/ 3/23	23.400	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-23.40	23.40
2/ 9/23	38,647.320	S SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	38,647.32	-38,647.32
2/10/23	198.840	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-198.84	198.84
2/15/23	12.500	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-12.50	12.50
2/16/23	2,264.280	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-2,264.28	2,264.28
2/15/23	2,714.770	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-2,714.77	2,714.77
2/17/23	49.450	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-49.45	49.45
2/21/23	48.000	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-48.00	48.00
2/22/23	650.000	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-650.00	650.00
2/28/23	50,937.500	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-50,937.50	50,937.50
3/ 1/23	656.250	B SCHWAB GOVERNMENT MONEY FUND	0.00	-656.25	656.25

EMPLOYEE BENEFITS PLAN OF CHLDHAVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY BROKER) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE -----	SHARES/PV -----	DESCRIPTION -----	TRANSACTION EXPENSE -----	PURCHASE/SALE PROCEEDS -----	COST/ADJUSTED HISTORICAL COST -----
3/ 2/23	2,369.540	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	2,369.54	-2,369.54
3/ 6/23	47.560	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-47.56	47.56
3/ 8/23	50.850	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-50.85	50.85
3/ 9/23	21.300	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-21.30	21.30
3/10/23	71.400	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-71.40	71.40
3/13/23	50,879.230	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	50,879.23	-50,879.23
3/16/23	368.840	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-368.84	368.84
3/15/23	2,720.430	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-2,720.43	2,720.43
3/17/23	879.200	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-879.20	879.20
3/21/23	562.500	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-562.50	562.50
3/22/23	48.600	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-48.60	48.60
3/23/23	23.870	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-23.87	23.87
3/24/23	258.500	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-258.50	258.50
3/27/23	54.000	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-54.00	54.00
3/29/23	292.540	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-292.54	292.54
3/30/23	695.570	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-695.57	695.57
3/31/23	60.000	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-60.00	60.00
4/ 3/23	263.160	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-263.16	263.16
4/ 4/23	1,840.200	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	1,840.20	-1,840.20
4/ 6/23	25.880	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-25.88	25.88
4/17/23	103.750	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-103.75	103.75
4/18/23	1,812.780	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-1,812.78	1,812.78
4/17/23	3,309.260	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-3,309.26	3,309.26
4/26/23	4.600	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-4.60	4.60
4/27/23	48.750	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-48.75	48.75
5/ 1/23	101.400	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-101.40	101.40
5/ 2/23	2,301.330	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	2,301.33	-2,301.33
5/ 5/23	375.000	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-375.00	375.00

EMPLOYEE BENEFITS PLAN OF CHLDHAVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY BROKER) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE -----	SHARES/PV -----	DESCRIPTION -----	TRANSACTION EXPENSE -----	PURCHASE/SALE PROCEEDS -----	COST/ADJUSTED HISTORICAL COST -----
5/11/23	12.500	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-12.50	12.50
5/16/23	2,558.880	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-2,558.88	2,558.88
5/15/23	2,938.530	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-2,938.53	2,938.53
5/19/23	51.600	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-51.60	51.60
5/22/23	50.400	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-50.40	50.40
5/23/23	516.250	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-516.25	516.25
5/31/23	21.660	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-21.66	21.66
6/ 1/23	72,695.580	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	72,695.58	-72,695.58
6/ 2/23	2,025.800	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	2,025.80	-2,025.80
6/ 5/23	30.710	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-30.71	30.71
6/ 7/23	53.550	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-53.55	53.55
6/ 9/23	92.700	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-92.70	92.70
6/12/23	81.460	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-81.46	81.46
6/13/23	140.910	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-140.91	140.91
6/14/23	2,293.450	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-2,293.45	2,293.45
6/14/23	20,000.000	S MOODY'S CORP 4.87 4.875% 2/15/24 TICKER: 9112917	0.00	20,000.00	-21,392.00
6/15/23	20,322.290	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-20,322.29	20,322.29
6/16/23	1,302.420	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-1,302.42	1,302.42
6/15/23	3,243.900	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-3,243.90	3,243.90
6/20/23	35.550	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-35.55	35.55
6/21/23	55.120	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-55.12	55.12
6/22/23	23.870	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-23.87	23.87
6/23/23	71.400	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-71.40	71.40
6/26/23	625.400	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-625.40	625.40
6/28/23	37.600	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-37.60	37.60
6/29/23	284.510	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-284.51	284.51
6/30/23	73.800	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-73.80	73.80
7/ 3/23	267.640	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-267.64	267.64

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY BROKER) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE -----	SHARES/PV -----	DESCRIPTION -----	TRANSACTION EXPENSE -----	PURCHASE/SALE PROCEEDS -----	COST/ADJUSTED HISTORICAL COST -----
7/ 5/23	16,742.120	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	16,742.12	-16,742.12
7/ 6/23	32.340	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-32.34	32.34
7/11/23	786.050	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-786.05	786.05
7/17/23	14,019.680	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	14,019.68	-14,019.68
7/18/23	15.900	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-15.90	15.90
7/17/23	3,293.950	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-3,293.95	3,293.95
7/25/23	885.000	TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-885.00	885.00
7/24/23	8.000	TICKER: SWGXX DOCUSIGN INC	0.00	415.37	-2,031.38
7/24/23	52.000	TICKER: DOCU V F CORPORATION	0.02	1,023.60	-4,665.72
7/24/23	30.000	TICKER: VFC BALL CORPORATION	0.01	1,724.60	-2,540.89
7/24/23	55.000	TICKER: BALL INTEL CORP	0.02	1,860.91	-2,693.70
7/24/23	19.000	TICKER: INTC NIKE INC	0.02	2,084.28	-1,871.58
7/24/23	1.000	TICKER: NKE CHIPOTLE MEXICAN GRILL	0.02	2,096.49	-1,544.48
7/24/23	77.000	TICKER: CMG ALLY FINANCIAL INC	0.03	2,235.29	-3,896.01
7/24/23	12.000	TICKER: ALLY UNITED PARCEL SERVICE B	0.02	2,261.26	-2,597.52
7/24/23	10.000	TICKER: UPS AMGEN INCORPORATED	0.02	2,356.59	-1,653.61
7/24/23	12.000	TICKER: AMGN AUTODESK	0.02	2,542.84	-3,819.24
7/24/23	40.000	TICKER: ADSK MICRON TECHNOLOGY INC	0.03	2,626.87	-3,603.26
7/24/23	15.000	TICKER: MU AMERICAN TOWER CORP REIT	0.02	2,850.61	-1,500.31
7/24/23	85.000	TICKER: AMT TRUIST FINL CORP	0.03	2,858.95	-2,859.56
7/24/23	15.000	TICKER: TFC BOEING CO	0.03	3,212.70	-2,742.12
7/24/23	95.000	TICKER: BA VERIZON COMMUNICATN	0.04	3,250.86	-4,930.02
7/24/23	14.000	TICKER: VZ VERISK ANALYTICS INC	0.03	3,262.88	-2,622.02
7/24/23	19.000	TICKER: VRSK LAUDER ESTEE COS INC	0.03	3,340.93	-2,450.70
7/24/23	40.000	TICKER: EL COSTAR GROUP INC	0.04	3,628.32	-1,675.37
7/24/23	50.000	TICKER: CSGP PAYPAL HLDGS INC	0.04	3,683.71	-1,882.58
7/24/23	60.000	TICKER: PYPL FIDELITY NATL INFORMATION SVCS	0.04	3,699.61	-4,063.50
7/24/23	20.000	TICKER: FIS ZOETIS INC	0.03	3,706.23	-2,708.22

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY BROKER) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE -----	SHARES/PV -----	DESCRIPTION -----	TRANSACTION EXPENSE -----	PURCHASE/SALE PROCEEDS -----	COST/ADJUSTED HISTORICAL COST -----
7/24/23	33.000 S	TICKER: ZTS ABBOTT LABORATORIES	0.03	3,768.86	-2,630.40
7/24/23	10.000 S	TICKER: ABT LINDE PLC	0.03	3,828.17	-2,489.56
7/24/23	15.000 S	TICKER: LIN SHERWIN WILLIAMS CO	0.03	3,992.99	-1,980.60
7/24/23	20.000 S	TICKER: SHW L3HARRIS TECHNOLOGIE	0.03	4,009.70	-4,286.30
7/24/23	55.000 S	TICKER: LHX FORTIVE CORPORATION	0.04	4,068.68	-3,226.81
7/24/23	30.000 S	TICKER: FTV APPLIED MATERIALS	0.03	4,122.87	-3,447.90
7/24/23	35.000 S	TICKER: AMAT DIGITAL REALTY TRUST	0.04	4,280.78	-4,416.44
7/24/23	116.000 S	TICKER: DLR PFIZER INCORPORATED	0.05	4,362.16	-4,153.08
7/24/23	21.000 S	TICKER: PFE HONEYWELL INTERNATIONAL	0.04	4,388.57	-2,202.08
7/24/23	30.000 S	TICKER: HON PPG INDS INC	0.04	4,408.09	-3,107.95
7/24/23	43.000 S	TICKER: PPG APTIV PLC	0.05	4,704.15	-3,369.57
7/24/23	31.000 S	TICKER: APTV PROCTER & GAMBLE	0.04	4,750.09	-3,107.51
7/24/23	25.000 S	TICKER: PG PEPSICO INC	0.04	4,764.96	-2,515.71
7/24/23	50.000 S	TICKER: PEP RAYTHEON TECHNOLOGIES CO	0.05	4,841.95	-5,460.05
7/24/23	10.000 S	TICKER: RTX ADOBE SYSTEMS INC	0.04	5,215.41	-2,678.83
7/24/23	60.000 S	TICKER: ADBE WALT DISNEY CO	0.05	5,251.75	-7,145.44
7/24/23	30.000 S	TICKER: DIS ECOLAB INC	0.05	5,688.55	-3,520.71
7/24/23	7.000 S	TICKER: ECL EQUINIX INC NEW	0.05	5,726.93	-3,093.61
7/24/23	2.000 S	TICKER: EQIX BOOKING HOLDINGS INC	0.05	5,809.26	-2,654.12
7/24/23	20.000 S	TICKER: BKNG STRYKER CORP	0.05	5,874.55	-2,589.66
7/24/23	38.000 S	TICKER: SYK WAL-MART STORES INC	0.06	6,041.56	-4,012.13
7/24/23	15.000 S	TICKER: WMT NETFLIX INC	0.05	6,402.36	-2,366.16
7/24/23	50.000 S	TICKER: NFLX D R HORTON INC	0.06	6,411.69	-3,649.66
7/24/23	125.000 S	TICKER: DHI CISCO SYSTEMS INC	0.06	6,608.81	-5,785.73
7/24/23	80.000 S	TICKER: CSCO MEDTRONIC PLC	0.07	7,136.74	-6,802.08
7/24/23	60.000 S	TICKER: MDT EOG RESOURCES INC	0.07	7,608.53	-5,206.47
7/24/23	26.000 S	TICKER: EOG MC DONALDS CORP	0.06	7,689.09	-4,566.56
7/24/23	45.000 S	TICKER: MCD JOHNSON & JOHNSON	0.07	7,736.96	-5,184.41

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY BROKER) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE -----	SHARES/PV -----	DESCRIPTION -----	TRANSACTION EXPENSE -----	PURCHASE/SALE PROCEEDS -----	COST/ADJUSTED HISTORICAL COST -----
7/24/23	240.000	TICKER: JNJ BANK OF AMERICA CORP	0.09	7,811.69	-6,689.70
7/24/23	35.000	TICKER: BAC SALESFORCE COM	0.07	7,863.03	-2,541.27
7/24/23	25.000	TICKER: CRM HOME DEPOT INC	0.06	8,110.80	-3,127.54
7/24/23	110.000	TICKER: HD MONDELEZ INTL INC	0.09	8,161.98	-5,141.47
7/24/23	15.000	TICKER: MDLZ SERVICE NOW INC	0.07	8,697.31	-2,810.24
7/24/23	40.000	TICKER: NOW UNION PACIFIC CORP	0.08	8,703.77	-4,250.04
7/24/23	270.000	TICKER: UNP ISHARES ESG MSCI EM ETF	0.11	8,847.79	-11,637.00
7/24/23	70.000	TICKER: ESGE VALERO ENERGY CORP NEW	0.08	8,855.63	-4,594.09
7/24/23	49.000	TICKER: VLO MARSH & MCLENNAN COS INC	0.09	9,419.18	-2,732.26
7/24/23	15.000	TICKER: MMC LAM RESH CORP	0.08	9,568.57	-1,986.19
7/24/23	80.000	TICKER: LRCX ALPHABET INC.	0.09	9,787.12	-3,685.02
7/24/23	80.000	TICKER: GOOGL ALPHABET INC.	0.09	9,816.95	-2,938.79
7/24/23	130.000	TICKER: GOOG NEXTERA ENERGY INC	0.10	9,895.46	-4,017.26
7/24/23	20.000	TICKER: NEE UNITEDHEALTH GROUP INC	0.08	10,161.42	-3,239.47
7/24/23	42.000	TICKER: UNH PALO ALTO NETWORKS	0.09	10,181.45	-3,132.51
7/24/23	35.000	TICKER: PANW META PLATFORMS INC	0.09	10,187.01	-3,812.84
7/24/23	30.000	TICKER: META BERKSHIRE HATHAWAY B NEW	0.08	10,473.14	-4,642.58
7/24/23	20.000	TICKER: BRK/B COSTCO WHSL CORP NEW	0.09	11,217.35	-3,115.31
7/24/23	20.000	TICKER: COST THERMO FISHER SCIENTIFIC CORP COM	0.09	11,375.31	-2,784.89
7/24/23	90.000	TICKER: TMO PROLOGIS INC.REIT	0.10	11,410.64	-5,351.71
7/24/23	410.000	TICKER: PLD WISDOMTREE EMERGING MARKETS EX-STATE	0.16	11,945.81	-14,835.42
7/24/23	135.000	TICKER: XSQE MORGAN STANLEY	0.12	12,848.02	-5,370.04
7/24/23	50.000	TICKER: MS DANAHER CORPORATION DELAWARE	0.11	12,872.22	-5,076.73
7/24/23	81.000	TICKER: DHR CHEVRON CORPORATION	0.12	13,185.16	-8,091.12
7/24/23	30.000	TICKER: CVX ELI LILLY & COMPANY	0.11	13,795.41	-2,265.27
7/24/23	60.000	TICKER: LLY VISA INC CL A	0.13	14,401.97	-4,814.58
7/24/23	205.000	TICKER: V ISHARES RUSSELL MID CAP FWD SPLIT	0.15	15,481.59	-10,827.43
7/24/23	158.000	TICKER: IWR ISHARES RUSSELL MID CAP GROWTH ETF	0.14	15,595.46	-7,935.53

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY BROKER) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE -----	SHARES/PV -----	DESCRIPTION -----	TRANSACTION EXPENSE -----	PURCHASE/SALE PROCEEDS -----	COST/ADJUSTED HISTORICAL COST -----
7/24/23	105.000	S TICKER: IWP J P MORGAN CHASE & CO	0.15	16,587.23	-8,434.64
7/24/23	40.000	S TICKER: JPM NVIDIA CORP	0.15	17,992.25	-3,394.42
7/24/23	140.000	S TICKER: NVDA AMAZON COM INC	0.16	18,098.34	-5,790.15
7/24/23	735.000	S TICKER: AMZN VANGUARD FTSE EMERGING MARKETS ETF	0.36	30,862.29	-27,511.22
7/24/23	105.000	S TICKER: VWO MICROSOFT CORP	0.31	36,178.49	-8,001.83
7/24/23	215.000	S TICKER: MSFT APPLE INC	0.36	41,587.26	-9,038.00
7/24/23	990.000	S TICKER: AAPL VANGUARD FTSE DEVELOPED MARKETS ETF	0.51	46,866.39	-37,815.28
7/24/23	207.000	S TICKER: VEA ISHARES RUSSELL 2000 GROWTH ETF	0.44	51,514.62	-39,181.53
7/24/23	420.000	S TICKER: IWO ISHARES RUSSELL 2000 VALUE ETF	0.55	62,412.04	-45,610.77
7/24/23	245.000	S TICKER: IWN ISHARES CORE S&P MID-CAP ETF	0.57	66,304.17	-36,973.90
7/24/23	375.000	S TICKER: IJH VANGUARD SMALL CAP ETF	0.67	77,214.31	-47,447.22
7/24/23	1,265.000	S TICKER: VB ISHARES MSCI EAFE ETF	0.93	93,476.25	-75,210.58
7/26/23	1,063,986.590	B TICKER: EFA SCHWAB GOVERNMENT MONEY FUND	0.00	-1,063,986.59	1,063,986.59
7/27/23	48.750	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-48.75	48.75
7/28/23	2,903.940	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	2,903.94	-2,903.94
7/31/23	24,796.690	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	24,796.69	-24,796.69
8/ 1/23	1,354.500	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-1,354.50	1,354.50
8/ 2/23	6,166.030	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	6,166.03	-6,166.03
8/10/23	187.500	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-187.50	187.50
8/15/23	5,970.770	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-5,970.77	5,970.77
8/16/23	187,304.460	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	187,304.46	-187,304.46
8/21/23	32.500	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-32.50	32.50
8/22/23	650.000	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-650.00	650.00
8/31/23	656.250	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-656.25	656.25
9/ 5/23	6,378.220	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	6,378.22	-6,378.22
9/ 6/23	30,000.000	S TICKER: SWGXX MOODY'S CORP 4.875% 2/15/24	0.00	30,000.00	-32,088.00
9/ 7/23	30,085.310	B TICKER: 7075905 SCHWAB GOVERNMENT MONEY FUND	0.00	-30,085.31	30,085.31
9/ 8/23	148,970.600	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	148,970.60	-148,970.60

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY BROKER) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE -----	SHARES/PV -----	DESCRIPTION -----	TRANSACTION EXPENSE -----	PURCHASE/SALE PROCEEDS -----	COST/ADJUSTED HISTORICAL COST -----
9/18/23	250.000	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-250.00	250.00
9/15/23	7,142.920	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-7,142.92	7,142.92
9/19/23	800.000	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-800.00	800.00
9/20/23	562.500	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-562.50	562.50
9/26/23	25.000	S CATERPILLAR INC TICKER: CAT	0.05	6,744.70	-5,555.03
9/28/23	6,744.700	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-6,744.70	6,744.70
9/27/23	42.000	S FIRST REPUBLIC BANK TICKER: FRC	3.18	0.43	-3,908.66
10/ 3/23	5,785.290	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	5,785.29	-5,785.29
10/17/23	1,796.880	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-1,796.88	1,796.88
10/16/23	5,989.300	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-5,989.30	5,989.30
10/19/23	189,784.670	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	189,784.67	-189,784.67
11/ 2/23	6,385.720	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	6,385.72	-6,385.72
11/ 7/23	375.000	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-375.00	375.00
11/14/23	1,568.750	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-1,568.75	1,568.75
11/16/23	787.500	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-787.50	787.50
11/15/23	5,505.910	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-5,505.91	5,505.91
11/22/23	516.250	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-516.25	516.25
11/30/23	325,613.790	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	325,613.79	-325,613.79
12/ 1/23	531.250	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-531.25	531.25
12/ 4/23	6,048.220	S TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	6,048.22	-6,048.22
12/ 5/23	106.600	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-106.60	106.60
12/ 6/23	50,000.000	S US TREASU NT 2.125% 5/31/26 TICKER: 8787773	0.00	47,342.91	-51,185.38
12/ 6/23	70,000.000	S UNITED STATES TREAS N 2.25% 11/15/25 TICKER: 8783960	0.00	67,056.96	-72,757.43
12/ 7/23	114,399.870	B TICKER: SWGXX SCHWAB GOVERNMENT MONEY FUND	0.00	-114,399.87	114,399.87
12/ 6/23	12,000.000	S WISCONSIN ENERGY 3.55% 6/15/25 TICKER: 9051022	0.00	11,605.68	-12,915.24
12/ 6/23	15,000.000	S APPLE IN 2.5% 2/09/25 TICKER: 5220331	0.00	14,565.75	-16,080.00
12/ 6/23	25,000.000	S EMERSON ELECTRI 0.875%26 TICKER: 6089009	0.00	22,396.25	-24,979.65
12/ 6/23	35,000.000	S MASTERCARD INC 2.95% 11/21/26	0.00	33,302.85	-37,005.41

EMPLOYEE BENEFITS PLAN OF CHILDHAVEN

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (BY BROKER) (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

TRADE DATE -----	SHARES/PV -----	DESCRIPTION -----	TRANSACTION EXPENSE -----	PURCHASE/SALE PROCEEDS -----	COST/ADJUSTED HISTORICAL COST -----
12/ 6/23	50,000.000	S TICKER: 7152720 ROPER TECHNOLOGIES, 1.00% 09/15/25 TICKER: 8150959	0.00	46,268.50	-50,579.67
12/ 6/23	50,000.000	S AMGEN INCORPORATE 2.6000% 08/19/26 TICKER: 5182215	0.00	46,981.00	-54,242.00
12/ 6/23	50,000.000	S MONDELEZ INTERNTN 1.5%25 TICKER: 6896358	0.00	47,290.50	-51,627.00
12/ 6/23	50,000.000	S HONEYWELL INTERN 1.35%25 TICKER: 5090175	0.00	47,350.00	-51,848.00
12/ 6/23	50,000.000	S WALMART IN 3.0500% 07/08/26 TICKER: 8898522	0.00	48,041.50	-56,514.33
12/ 6/23	50,000.000	S NVIDIA CORP 3.2000% 09/16/26 TICKER: 7444087	0.00	48,146.00	-54,893.00
12/ 6/23	50,000.000	S PEPSICO, INC. 2.25% 3/19/25 TICKER: 8043455	0.00	48,236.50	-52,795.00
12/ 6/23	50,000.000	S DEERE & CO 2.75% 4/15/25 TICKER: 5932529	0.00	48,422.50	-54,510.77
12/ 6/23	50,000.000	S MCDONALD'S CORP 3.3% 7/01/25 TICKER: 7216874	0.00	48,546.50	-54,254.00
12/ 6/23	50,000.000	S PAYPAL HOLDINGS, 2.4000% 10/01/24 TICKER: 7833432	0.00	48,729.50	-50,573.50
12/ 6/23	50,000.000	S COMCAST CORP 3.375% 2/15/25 TICKER: 5523660	0.00	48,837.50	-54,615.00
12/ 6/23	50,000.000	S LOWE'S COMPANIES, I 4% 4/15/25 TICKER: 7056939	0.00	49,037.50	-57,065.00
12/ 6/23	60,000.000	S S&P GLOBAL INC 2.95% 1/22/27 TICKER: 7077612	0.00	56,895.00	-64,388.40
12/ 6/23	70,000.000	S JPMORGAN CHASE 3.625% 5/13/24	0.00	69,317.50	-74,256.00
12/ 6/23	75,000.000	S TICKER: 5654640 CATERPILLAR FINL 0.8%25 TICKER: 5610876	0.00	69,320.25	-75,377.25
12/ 6/23	75,000.000	S STARBUCKS CORP 2.45% 6/15/26 TICKER: 8168766	0.00	70,479.75	-80,328.00
12/ 6/23	75,000.000	S PRAXAIR, INC 3.2000% 01/30/26 TICKER: 7958023	0.00	72,279.75	-80,010.00
12/ 6/23	75,000.000	S THE WALT DISNEY 1.75% 8/30/24 TICKER: 5986018	0.00	72,867.00	-78,184.50
12/ 8/23	1,062,416.970	S SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	1,062,416.97	-1,062,416.97
12/ 8/23	1,076,123.470	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-1,076,123.47	1,076,123.47
12/19/23	27,148.210	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-27,148.21	27,148.21
12/21/23	213.200	S SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	213.20	-213.20
12/29/23	7,606.940	B SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	0.00	-7,606.94	7,606.94
			13.02	6,962,159.94	

T

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan EMPLOYEE BENEFITS PLAN OF CHILDHAVEN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Childhaven	D Employer Identification Number (EIN) 91-0402430	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>	
2	Assets:	
	a Market value.....	2a 3,063,071
	b Actuarial value.....	2b 3,369,380
3	Funding target/participant count breakdown	
		(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	4 398,798 398,798
	b For terminated vested participants.....	90 3,331,647 3,331,647
	c For active participants.....	7 400,839 400,839
	d Total	101 4,131,284 4,131,284
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions.....	4a
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5	Effective interest rate.....	5 5.35%
6	Target normal cost	
	a Present value of current plan year accruals.....	6a 0
	b Expected plan-related expenses	6b 0
	c Target normal cost.....	6c 0

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	01/03/2025
Vincent Yang	Type or print name of actuary	Date
		2308878
		Most recent enrollment number
NWPS	Firm name	408-618-0111
		Telephone number (including area code)
160 West Santa Clara Street Suite 1550 San Jose CA 95113-1726 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	761,904	75,791
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	75,791
----------------------------------------------------------------------------------------------------------------------------	-----------	--------

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)			75,791
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			1,530,153

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	1,454,362
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years.....	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Employee Benefits Plan of Childhaven

EIN: 91-0402430

Plan: 001

2023

Schedule SB, Line 19 - Discounted Employer Contributions

Date	Contribution Amount	Plan Year Applied	Effective Rate	Interest Adjusted Contribution	
12/15/2023	\$14,495	2023	5.35%/10.35%	\$13,371	1
12/15/2023	\$14,495	2023	5.35%/10.35%	\$13,527	2
12/15/2023	\$14,495	2023	5.35%/10.35%	\$13,686	3
12/15/2023	\$14,495	2023	5.35%	\$13,792	
12/15/2023	\$1,550,962	2023	5.35%	\$1,475,777	
Total for 2023	\$1,608,942			\$1,530,153	

- (1) The Contribution of \$14,495 deposited on 12/15/2023 was discounted to 4/15/2023 at 10.35% and then further discounted to 1/1/2023 at 5.35%.
- (2) The Contribution of \$14,495 deposited on 12/15/2023 was discounted to 7/15/2023 at 10.35% and then further discounted to 1/1/2023 at 5.35%.
- (3) The Contribution of \$14,495 deposited on 12/15/2023 was discounted to 10/15/2023 at 10.35% and then further discounted to 1/1/2023 at 5.35%.

**DEFINED BENEFIT PENSION PLAN
OF CHILDHAVEN**

SUMMARY OF PLAN PROVISIONS
As of January 1, 2023

1) **EFFECTIVE DATE**

The original effective date of the plan was January 1, 1970. The plan was last amended December 31, 2010 and also frozen effective December 31, 2010.

2) **FUNDING**

The plan is funded by employer contributions to a trust fund.

3) **EMPLOYEES INCLUDED**

Employees shall be eligible to participate on the first of the month following the completion of one year of service and the attainment of age 21.

4) **SERVICE**

For vesting purposes, service includes all years and months of employment. For benefit purposes, service includes years and months of employment as a participant. Effective 12/31/2010, service was frozen for benefit and eligibility purposes.

5) **EARNINGS**

Earnings are defined as wages, salaries, fees and amounts earned for services actually rendered in the course of employment with Childhaven. Effective 12/31/2010, earnings were frozen for benefit purposes.

6) **FINAL AVERAGE EARNINGS**

The highest average monthly earnings for 5 consecutive completed calendar years of employment within the last consecutive 10 completed calendar years of service.

7) **SOCIAL SECURITY AVERAGE MONTHLY WAGE**

Monthly average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the year the Participant attains Social Security Retirement Age.

**DEFINED BENEFIT PENSION PLAN
OF CHILDHAVEN**

SUMMARY OF PLAN PROVISIONS (Cont.)
As of January 1, 2023

8) **EMPLOYER CONTRIBUTIONS**

Amounts sufficient to maintain the investment fund at an adequate level as determined by an Enrolled Actuary are contributed from time to time by the employer.

97) **EMPLOYEE CONTRIBUTIONS**

As of January 1, 1989, Participants in the plan are not required nor permitted to make any contributions. Prior to that, Participant contributions were included in the Plan.

10) **RETIREMENT DATE**

Normal - The Normal Retirement Date for any Participant is the first of the month on or following the Participant's 65th birthday.

Early - The first of the month on or following the Participant's 55th birthday.

Deferred - The first of any month following the Normal Retirement Date.

11) **RETIREMENT BENEFITS**

Normal - The monthly normal retirement benefit is payable as a single life annuity and is equal to 1/12th the sum of: (1) 1.75% of Final Average Earnings times years of Benefit Service; plus (2) 0.50% of Final Average Earnings in excess of the Social Security Average Monthly Wage times years of Benefit Service no greater than 35. Effective 12/31/2010, the Plan was frozen so that Earnings and Benefit Service earned after December 31, 2010 are not recognized.

Accrued Benefit - The monthly normal retirement benefit is payable as a single life annuity and is equal to a participant's expected normal retirement benefit at normal retirement, assuming employment continues to normal retirement and both the Final Average Earnings and Social Security Average Monthly Wage remain constant to normal retirement, multiplied by a factor, the numerator of which is the actual years of Benefit Service to date and the denominator of which is the expected years of Benefit Service at normal retirement, assuming employment continues to that date.

Early - The Accrued Benefit reduced by 1/15 for each of the first 5 years and 1/30 for each of the next 5 years by which the Early Retirement date precedes the Normal Retirement Date.

**DEFINED BENEFIT PENSION PLAN
OF CHILDHAVEN**

SUMMARY OF PLAN PROVISIONS (Cont.)
As of January 1, 2023

A Participant with 10 years of Benefit Service may retire early at age 62 with no reductions in Accrued Benefit at age 62 but with reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement date precedes age 62.

Deferred - The monthly deferred retirement benefit is equal to the Accrued Benefit reflecting Final Average Earnings and Benefit Service to the Deferred Retirement Date.

12) **RETIREMENT BENEFIT OPTIONS**

The following forms of payment are available:

- a) Single-Life Annuity
- b) Joint and Survivor Annuity (50%, 66 2/3%, 75%, and 100%)
- c) Certain and Life Annuity (3, 5, 8 1/3, 10, and 15 Year)
- d) Joint and Survivor with a Certain and Life Annuity
- e) Lump Sum Distribution

13) **DEATH BENEFIT**

If death occurs before commencement of benefits and the participant is vested, the participant's beneficiary will be eligible to receive the survivors portion of a 66 2/3% Joint and Survivor with 120 months Certain and Continuous Annuity determined as if the participant survived to his or her early retirement date, retired, selected a 66 2/3% Joint and Survivor with 120 months Certain and Continuous Annuity and then died the day after benefits commenced. The beneficiary can delay the commencement of benefits to the Participant's Normal Retirement Date.

14) **DISABILITY BENEFIT**

Periods of disability while a Participant receives Social Security Disability Income are also counted as Benefit Service excluding the first six months of disability and ending on the Normal or Early Retirement Date. The compensation rate in effect immediately prior to disability is assumed to continue while disabled. Such compensation rate shall not exceed 120% of the compensation rate in effect one year prior to disability.

15) **VESTED BENEFIT**

The terminating participant will vest in their accrued benefit based upon their years of service for vesting purposes as follows: 3 or more years - 100%. Effective December 31, 2010, all Participants are 100% vested.

Employee Benefits Plan of Childhaven

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 91-0402430 Plan Number: 002

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	SCHWAB GOVERNMENT MONEY FUND	Cash Equivalent	N/R	\$ 1,172,093

Employee Benefits Plan of Childhaven
EIN: 91-0402430
Plan: 001
2023

Schedule SB, Line 32 -
Schedule of Amortization Bases

Charge	Date Established	Original Balance	Remaining Balance	Years Remaining	Annual Payment
Shortfall	1/1/2021	736,056	678,345	13	68,631
	1/1/2022	(115,261)	(110,922)	14	(10,651)
	1/1/2023	194,481	194,481	15	17,811
Net Amount			\$ 761,904		\$ 75,791