

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF COMMUNITY CARE ALLIANCE
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 02/01/1980
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) COMMUNITY CARE ALLIANCE PO BOX 1700 WOONSOCKET, RI 02895-0856
2b	Employer Identification Number (EIN) 05-0312278
2c	Plan Sponsor's telephone number 401-325-7000
2d	Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/30/2025	RITA GANDHI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 675
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) 539 6a(2) 971 6b 19 6c 116 6d 1106 6e 0 6f 1106 6g(1) 594 6g(2) 634 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	003
403(B) THRIFT PLAN FOR EMPLOYEES OF COMMUNITY CARE ALLIANCE		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
COMMUNITY CARE ALLIANCE	05-0312278	

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

(a) Name of insurance carrier

MUTUAL OF AMERICA SEC. CORP LLC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	1016	634	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	2758

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

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

PROVIDENCE REGIONAL OFFICE 500 EXCHANGE ST SUITE 9-200 PROVIDENCE, RI 02903

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2758	INCENTIVE COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	1470537
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	17384907

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

Specify nature of costs ▶

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

1742092

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

66373

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

26592

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

7c(4)

56297

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

149262

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

1891354

e Deductions:

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

7e(1)

223491

(2) Administration charge made by carrier

7e(2)

335

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

7e(3)

23385

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

247211

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

1644143

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF COMMUNITY CARE ALLIANCE	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY CARE ALLIANCE	D Employer Identification Number (EIN) 05-0312278	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGARD	PO BOX 2600 VALLEY FORGE, PA 19482-2600

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606-5808

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO VI MAIN STREET	PO BOX 5270 DEVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENTS

PO BOX 419786
KANSAS CITY, MO 64141-6786

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

CALVERT

4550 MONTGOMERY AVENUE SUITE 1000N
BETHESDA, MD 20814

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

VICTORY FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

GOLDMAN SACHS VIT FUNDS

200 WEST STREET
NEW YORK, NY 10282

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

DELAWARE FUNDS

ONE COMMERCE SQUARE,
2005 MARKET STREET
PHILADELPHIA, PA 19103

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

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	INSURANCE CARRIER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF COMMUNITY CARE ALLIANCE	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY CARE ALLIANCE	D Employer Identification Number (EIN) 05-0312278	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6481	0
(2) Participant contributions	1b(2)	23557	13628
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	15716138	18010773
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	386372	438275
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1840882	1738846
(15) Other	1c(15)	461170	539839

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	18434600	20741361
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	18434600	20741361

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)	182090	
(B) Participants	2a(1)(B)	1108694	
(C) Others (including rollovers)	2a(1)(C)	393058	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1683842
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	18066	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18066
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		2642173
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		39054
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		4383135

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2069161	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2069161
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
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)	0	
(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)	7213	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7213
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2076374

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2306761
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

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.)	☒	☐	87732
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF COMMUNITY CARE ALLIANCE		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY CARE ALLIANCE		D Employer Identification Number (EIN) 05-0312278
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3590259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation. _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☒ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

403(b) Thrift Plan of Community Care Alliance

Financial Statements and Supplemental Schedules

December 31, 2023 and 2022

403(b) Thrift Plan of Community Care Alliance

December 31, 2023 and 2022

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Independent Auditor's Report

To the Plan Administrator
403(b) Thrift Plan of Community Care Alliance

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

We have performed audits of the financial statements of 403(b) Thrift Plan of Community Care Alliance, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 403(b) Thrift Plan of Community Care Alliance's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 403(b) Thrift Plan of Community Care Alliance and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 403(b) Thrift Plan of Community Care Alliance's ability to continue as a going concern for one year following the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 403(b) Thrift Plan of Community Care Alliance's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about 403(b) Thrift Plan of Community Care Alliance's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 schedule H, line 4a - schedule of delinquent participant contributions and schedule H, line 4i - schedule of assets (held at end of year), 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental 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 Department of Labor'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).



Providence, Rhode Island

April 10, 2025

403(b) Thrift Plan of Community Care Alliance

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments		
Investments at fair value	\$ 18,988,887	\$ 16,563,680
Investments at contract value	1,738,846	1,840,822
Total investments	<u>20,727,733</u>	<u>18,404,502</u>
Receivables		
Participant contributions	13,628	23,557
Employer contributions	-	6,481
Total receivables	<u>13,628</u>	<u>30,038</u>
Total assets	<u>20,741,361</u>	<u>18,434,540</u>
Net assets available for benefits	<u><u>\$ 20,741,361</u></u>	<u><u>\$ 18,434,540</u></u>

See accompanying notes to the financial statements.

403(b) Thrift Plan of Community Care Alliance

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2023

Additions

Investment income

Interest and dividends	\$ 18,066
Net appreciation in fair value of investments	2,681,227

Total investment income

2,699,293

Contributions

Participant contributions	1,108,694
Employer contributions	182,090
Rollovers	393,058

Total contributions

1,683,842

Total additions

4,383,135

Deductions

Benefits paid to participants	2,069,161
Administrative expenses	7,153

Total deductions

2,076,314

Net increase

2,306,821

Net assets available for benefits

Beginning of year	18,434,540
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End of year	\$ 20,741,361
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See accompanying notes to the financial statements.

403(b) Thrift Plan of Community Care Alliance

Notes to the Financial Statements

December 31, 2023 and 2022

1. DESCRIPTION OF PLAN

The following description of the 403(b) Thrift Plan of Community Care Alliance (the Plan) provides only general information. The Plan allows for employer-specific provisions that each participating employer can select. Participants should refer to their respective plan agreements for a more complete description of the Plan's provisions.

General - The Plan was established by Community Care Alliance (the Employer) on February 1, 1980, for the benefit of qualifying employees of the Employer. The purpose of the Plan is to accumulate retirement income for its participants which will supplement retirement benefits provided them by Social Security. The Plan is a contributory multiple-employer defined contribution plan under Section 403(b) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective November 1, 2018, the Plan was amended to accept Newport County Community Mental Health Care, Inc. (NCCMHC) as an affiliated employer.

Eligibility - All employees, excluding non-resident aliens, are eligible to participate in the Plan as of the first day of employment. Effective January 1, 2024, the Plan was amended to exclude students from participating in the Plan.

Employees that are 18 years of age with at least six months of service are eligible for employer matching contributions. Employees that are 18 years of age with at least one year (1,000 hours) of service are eligible for employer discretionary base contributions.

Effective January 1, 2021, the Plan was amended for employees of NCCMHC such that there is no minimum age requirement for employer matching contributions, there is a minimum service requirement of one year (1,000 hours), and the employer match is a discretionary percentage with NCCMHC having the sole right to determine it for each plan year.

Effective June 1, 2021, the Plan was amended for employees of NCCMHC whereby the Plan has an automatic enrollment under which eligible employees will contribute pre-tax contributions as follows: 1% for the first plan year, 2% for the second plan year, and 3% for the third plan year. Participants have the option to opt out of the automatic deferrals.

Contributions - Participants may elect to contribute to the Plan any dollar amount or percentage of eligible compensation on a pre-tax or after-tax Roth basis up to 100% of eligible compensation, as defined in the Plan (elective deferrals). Participants who are at least age 50 before the end of the Plan year may make catch-up contributions equal to any whole number percentage of their eligible compensation or whole dollar amount. Participants may not contribute more than the maximum allowed by the IRC.

403(b) Thrift Plan of Community Care Alliance

Notes to the Financial Statements

December 31, 2023 and 2022

The Employer makes matching contributions equal to the sum of 100% of contributions a participant defers into the Plan up to 1% of eligible compensation and 25% of contributions a participant defers into the Plan that exceed 1% up to 5% of eligible compensation. The Employer may also make discretionary base contributions each year equal to a percentage of participants' eligible compensation. For the year ended December 31, 2023, there were no discretionary base contributions. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Rollovers and transfers of funds from other qualified plans in which employees cease to participate are permitted and are fully vested.

Participant accounts - Contributions are paid to the trust, which is administered by the custodians who are responsible for receiving contributions, making distributions, maintaining accounts and records, and rendering an annual report. Participants designate their desired allocation of contributions to the Plan's investment funds and retain the right to change their investment allocation on a daily basis.

Participants' accounts are credited with their elective deferrals and Employer contributions made on their behalf and charged with an allocation of administrative expenses. The earnings (losses) generated by the trust investments and administrative expenses are allocated to participants' accounts daily, based upon the proportionate value of all active accounts to accounts participating in the fund as of the valuation date, as defined in the Plan. The benefit to which the participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting - Participants are fully vested in their contributions and employer contributions to the Plan plus earnings thereon.

As of January 1, 2021, the plan was amended for employees of NCCMHC whereby participants become vested in the NCCMHC matching contributions in accordance with the following schedule:

Years of Service	Percent Vested
Less than two years	0%
Two years	50%
Three years or more	100%

Plan loans - Plan loans are available to participants through Mutual of America Life Insurance Company (Mutual of America), subject to certain limitations. Plan loans are issued directly from the funds owned by Mutual of America, and loan proceeds are not removed from a participant's account.

403(b) Thrift Plan of Community Care Alliance

Notes to the Financial Statements

December 31, 2023 and 2022

Payment of benefits - Upon termination of employment by reason of normal retirement, death or disability, participants will be entitled to 100% of the amounts credited to their accounts. Upon termination of employment for other than normal retirement, death or disability, participants will be entitled to the vested amounts credited to their accounts.

Upon termination, participants will receive an amount equal to the vested value of their accounts in either a lump-sum payment, partial distribution, or installments over a period of time not to exceed the life or life expectancy of the participant.

Hardship withdrawals - A hardship withdrawal may be authorized by the Employer in an amount up to 100% of the participant's vested account balance.

In-service withdrawals - Participants who have attained age 59 1/2 are permitted to take in-service withdrawals up to their vested account balance.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition - Investments are reported at fair value except for the fully benefit-responsive guaranteed investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the custodians. See Note 5 for discussion of fair value measurements.

The Plan's investments in pooled separate accounts are valued at the net asset value (NAV) per unit, as determined by the custodian at year-end. The NAV is used as the practical expedient to estimate fair value and is based on the fair value of the underlying investment held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Investments valued at NAV used as the practical expedient are excluded from the fair value hierarchy.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits - Benefits are recorded when paid.

403(b) Thrift Plan of Community Care Alliance

Notes to the Financial Statements

December 31, 2023 and 2022

Expenses - Certain expenses of maintaining the Plan are paid by the Employer and are excluded from these financial statements. Fees related to the administration of the Plan, including loan initiation fees, check fees, and fees paid to service providers, are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent events - The Plan has evaluated subsequent events through April 10, 2025, the date the financial statements were available to be issued. Except as discussed in Note 1, there were no material subsequent events that required disclosure under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 855 *Subsequent Events*.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIANS

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2023 and 2022. Accordingly, Mutual of America Life Insurance Company (Mutual of America), Nationwide Life Insurance Company (Nationwide), and Ameriprise Trust Company and RiverSource Life Insurance Company (Ameriprise and RiverSource), collectively, the custodians of the Plan, have certified to the completeness and accuracy of the following investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022, and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023, and the following investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023.

	<u>2023</u>	<u>2022</u>
Investments		
Variable annuities	\$ 539,839	\$ 461,170
Pooled separate accounts	18,010,773	15,716,138
Guaranteed investment contracts	1,674,813	1,776,493
Total certified assets	<u>20,225,425</u>	<u>17,953,801</u>
Net appreciation in fair value of investments	<u>\$ 2,642,173</u>	<u>\$ -</u>

MFS Heritage Trust Co. (MFS) and Massachusetts Mutual Life Insurance Company (MassMutual) did not provide certifications to the Plan administrator for investments totaling \$438,275 and \$64,033, respectively, for the year ended December 31, 2023 and \$386,372 and \$64,329, respectively, for the year ended December 31, 2022.

403(b) Thrift Plan of Community Care Alliance

Notes to the Financial Statements

December 31, 2023 and 2022

4. FULLY BENEFIT-RESPONSIVE GUARANTEED INVESTMENT CONTRACTS

The Plan holds traditional fully benefit-responsive guaranteed investment contracts with Mutual of America, Ameriprise and RiverSource, MassMutual, and Nationwide, for which contributions are maintained in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the sponsoring trustee, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The traditional investment contracts held by the Plan are guaranteed investment contracts. The contract issuer is contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on an annual basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. These events may be different under each contract. Such events include:

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

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers that also would limit the ability of the Plan to transact at contract value with the participants.

403(b) Thrift Plan of Community Care Alliance

Notes to the Financial Statements

December 31, 2023 and 2022

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. These events may be different under each contract. Such events include:

1. an uncured violation of the Plan's investment guidelines;
2. a breach of material obligation under the contract;
3. a material misrepresentation; or,
4. a material amendment to the agreement without the consent of the issuer.

5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

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

Level 2 - Inputs to the valuation technique include:

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

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

Level 3 - Inputs to the valuation technique are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2023 and 2022.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

403(b) Thrift Plan of Community Care Alliance

Notes to the Financial Statements

December 31, 2023 and 2022

Variable annuities: Variable annuities include investments provided through Ameriprise. The accounts are invested in mutual funds that are reinvested under the Investment Company Act of 1940. These funds are required to publish their daily NAV and to transact at that price.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

Assets at Fair Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 438,275	\$ -	\$ -	\$ 438,275
Variable annuities	539,839	-	-	539,839
Total assets in the fair value hierarchy	978,114	-	-	978,114
Investments measured at net asset value (a)	-	-	-	18,010,773
Total investments at fair value	\$ 978,114	\$ -	\$ -	\$ 18,988,887

Assets at Fair Value as of December 31, 2022	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 386,372	\$ -	\$ -	\$ 386,372
Variable annuities	461,170	-	-	461,170
Total assets in the fair value hierarchy	847,542	-	-	847,542
Investments measured at net asset value (a)	-	-	-	15,716,138
Total investments at fair value	\$ 847,542	\$ -	\$ -	\$ 16,563,680

(a) In accordance with U.S. GAAP, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

403(b) Thrift Plan of Community Care Alliance

Notes to the Financial Statements

December 31, 2023 and 2022

6. FAIR VALUE MEASUREMENTS THAT USE NAV

The following table summarizes investments measured at fair value based on NAVs per share as of December 31, 2023 and 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2023	Fair Value	Redemption	
		Unfunded Frequency	Redemption
		Commitments (if currently eligible)	Notice Period
Pooled separate accounts:			
Retirement	\$ 10,440,117	\$ - Daily	None
Asset allocation	2,850,300	- Daily	None
Fixed income	881,717	- Daily	None
Real estate	67,737	- Daily	None
Balanced	433,712	- Daily	None
Equity	3,337,190	- Daily	None
Total	\$ 18,010,773	\$ -	

December 31, 2022	Fair Value	Redemption	
		Unfunded Frequency	Redemption
		Commitments (if currently eligible)	Notice Period
Pooled separate accounts:			
Retirement	\$ 8,921,361	\$ - Daily	None
Asset allocation	2,579,526	- Daily	None
Fixed income	878,981	- Daily	None
Real estate	61,201	- Daily	None
Balanced	367,745	- Daily	None
Equity	2,907,324	- Daily	None
Total	\$ 15,716,138	\$ -	

The investment strategy for the pooled separate accounts is to invest directly in the mutual fund for which the pooled separate account was created to hold. Therefore, the pooled separate account is intended to provide the same risks and rewards as the mutual fund in which it is directly invested.

7. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the custodians, and therefore, these transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Employer. No such officer or employee receives compensation from the Plan.

Fees incurred by the Plan for investment management services are included in net appreciation in the fair value of investments.

403(b) Thrift Plan of Community Care Alliance

Notes to the Financial Statements

December 31, 2023 and 2022

8. PLAN TERMINATION

Although the Employer has not expressed any intention to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their account balances.

9. TAX STATUS

The Plan adopted a pre-approved plan offered by Mutual of America. The Plan is required to operate in conformity with the applicable sections of the IRC to maintain the exclusion from tax for Plan participants. The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified, and the related trust is tax exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. RISKS AND UNCERTAINTIES

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

11. CONCENTRATIONS

At December 31, 2023 and 2022, investments in one fund represented 10% and 12% of total plan assets, respectively.

12. DELINQUENT PARTICIPANT CONTRIBUTIONS

For the year ended December 31, 2023, the Employer did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions, which totaled \$87,732, were fully corrected during 2023.

Supplemental Schedules

403(b) Thrift Plan of Community Care Alliance

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN: 05-0312278 Plan Number: 003

For the Year Ended December 31, 2023

Total that Constitute Nonexempt Prohibited Transactions

				Contributions		Contributions		Pending			
Participant Contributions		Contributions		Corrected		Correction in		Total Fully Corrected Under			
Transferred Late to Plan (1)		Not Corrected		Outside VFCP		VFCP		VFCP and PTE 2002-51			
\$	87,732	\$	-	\$	87,732	\$	-	\$	-	\$	-

(1) Amount does not include participant loan repayments.

403(b) Thrift Plan of Community Care Alliance

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

EIN: 05-0312278 Plan Number: 003

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
Variable Annuities:				
*	Ameriprise	Columbia Vp Disciplined Core Fund		\$ 125,236
*	Ameriprise	Columbia Vp Dividend Opportunity Fd		58,352
*	Ameriprise	Columbia Vp Govt Money Market Fund		17,074
*	Ameriprise	Columbia Vp Large Cap Growth Fund		23,171
*	Ameriprise	Columbia Vp Overseas Core Fund		53,947
*	Ameriprise	Put Vt Sustn Lead		88,533
*	Ameriprise	Putnam Vt Sustainable Leaders Fd		25,671
*	Ameriprise	Vp -- Moderate Portfolio		86,324
*	Ameriprise	Vp Us Flexible Growth Fund		61,531
	Total Variable Annuities			539,839
Mutual Funds:				
*	MFS Investment Management	Aggressive Growth Allocation Fund A		96,603
*	MFS Investment Management	Growth Allocation Fund A		213,609
*	MFS Investment Management	Moderate Allocation Fund A		128,063
	Total Mutual Funds			438,275
Insurance Companies' Separate Accounts:				
*	Mutual of America	Aggressive Allocation Fund		192,026
*	Mutual of America	Conservative Allocation Fund		461,189
*	Mutual of America	Moderate Allocation Fund		1,927,282
*	Mutual of America	American Bond Fund		540,555
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio		243,219
*	Mutual of America	Composite Fund		181
*	Mutual of America	Calvert VP SRI Balanced Portfolio		348,941
*	Mutual of America	Delaware VIP Small Cap Value Series		1,550
*	Mutual of America	Equity Index Fund		555,721
*	Mutual of America	Fidelity VIP Mid Cap Portfolio		236,394
*	Mutual of America	Fidelity VIP Asset Manager Portfolio		84,591
*	Mutual of America	Fidelity VIP Contrafund Portfolio		342,614
*	Mutual of America	Fidelity VIP Equity-Income Portfolio		54,289
*	Mutual of America	Goldman Sachs VIT US Equity Insights		1,053
*	Mutual of America	Goldman Sachs VIT Small Cap Eq Insights		295
*	Mutual of America	American Funds IS New World Fund		743
*	Mutual of America	Money Market Fund		2,576
*	Mutual of America	Mid-Term Bond Fund		94,912
*	Mutual of America	Mid-Cap Equity Index		285,567
*	Mutual of America	MFS VIT III Mid Cap Value Portfolio		1,705
*	Mutual of America	Mid Cap Value Fund		31,489
*	Mutual of America	Neuberger Berman AMT Sustainable Equity		5,498
*	Mutual of America	International Fund		74,345

See independent auditor's report.

403(b) Thrift Plan of Community Care Alliance

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

EIN: 05-0312278 Plan Number: 003

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
*	Mutual of America	Invesco V.I. Main Street		2,281
*	Mutual of America	Retirement Income Fund		99,597
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio		50,491
*	Mutual of America	PIMCO VIT Real Return Portfolio		10,452
*	Mutual of America	Victory RS Small Cap Growth Equity VIP		2,857
*	Mutual of America	2015 Retirement Fund		12,114
*	Mutual of America	2020 Retirement Fund		1,392,652
*	Mutual of America	2025 Retirement Fund		1,421,890
*	Mutual of America	2030 Retirement Fund		1,156,966
*	Mutual of America	2035 Retirement Fund		1,789,887
*	Mutual of America	2040 Retirement Fund		1,180,755
*	Mutual of America	2045 Retirement Fund		2,092,117
*	Mutual of America	2050 Retirement Fund		912,895
*	Mutual of America	2055 Retirement Fund		221,904
*	Mutual of America	2060 Retirement Fund		235,101
*	Mutual of America	2065 Retirement Fund		23,837
*	Mutual of America	All America Fund		64,003
*	Mutual of America	Small Cap Equity Index Fund		4,521
*	Mutual of America	DWS Capital Growth VIP		87,153
*	Mutual of America	Small Cap Growth Fund		138,345
*	Mutual of America	Small Cap Value Fund		39,388
*	Mutual of America	American Century VP Capital Appreciation		205,832
*	Mutual of America	Vanguard VIF Diversified Value Portfolio		189,951
*	Mutual of America	Vanguard VIF International Portfolio		547,317
*	Mutual of America	Vanguard Total Bond MTK I Prt		15,868
*	Nationwide Variable Insurance Trust	All SPR DISC I		8,359
*	Nationwide Variable Insurance Trust	American Century VP Inflation Protection II Fund		871
*	Nationwide Variable Insurance Trust	American Funds Growth II Fund		44,576
*	Nationwide Variable Insurance Trust	American Funds NVIT Bond II Fund		3,950
*	Nationwide Variable Insurance Trust	Amundi Strategic Income I Fund		1,910
*	Nationwide Variable Insurance Trust	AQR Large Cap Defensive Style Fund		2,485
*	Nationwide Variable Insurance Trust	BlackRock Global Allocation V.I. III Fund		799
*	Nationwide Variable Insurance Trust	Blueprint Capital Appreciation Fund		5,149
*	Nationwide Variable Insurance Trust	Blueprint Moderate Fund		6,272
*	Nationwide Variable Insurance Trust	BNY Mellon Dynamic US Core Fund		121,358
*	Nationwide Variable Insurance Trust	BNY Mellon Dynamic US Equity Income Fund		20,438
*	Nationwide Variable Insurance Trust	BNY Mellon Investment Small Cap Fund		115
*	Nationwide Variable Insurance Trust	BNY Mellon Stock Index Initial		39,818
*	Nationwide Variable Insurance Trust	Colonial Overseas Value X		4,263
*	Nationwide Variable Insurance Trust	Emerging Markets Debt I Fund		4,810
*	Nationwide Variable Insurance Trust	Federated High Income Bond Fund		2,705
*	Nationwide Variable Insurance Trust	Fidelity VIP Energy Service II Fund		8,034
*	Nationwide Variable Insurance Trust	Fidelity VIP Equity Income Initial Fund		55,623

See independent auditor's report.

403(b) Thrift Plan of Community Care Alliance

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

EIN: 05-0312278 Plan Number: 003

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
*	Nationwide Variable Insurance Trust	Fidelity VIP Freedom 2010 Service Fund		820
*	Nationwide Variable Insurance Trust	Fidelity VIP High Income Initial Class Fund		8,263
*	Nationwide Variable Insurance Trust	Fidelity VIP Mid Cap Service Fund		27,075
*	Nationwide Variable Insurance Trust	Fidelity VIP Overseas Initial Fund		17,128
*	Nationwide Variable Insurance Trust	Franklin Templeton VIP Trust Global Bond Fund		2,260
*	Nationwide Variable Insurance Trust	Franklin Templeton VIP Trust Small Cap Value Sec II Fund		7,014
*	Nationwide Variable Insurance Trust	Government Money Market I Fund		6,015
*	Nationwide Variable Insurance Trust	International Equity I Fund		1,510
*	Nationwide Variable Insurance Trust	Invesco Oppenheimer Global I Fund		36,729
*	Nationwide Variable Insurance Trust	Invesco VI COR PLS BD I		2,110
*	Nationwide Variable Insurance Trust	Investor Destinations Moderate II Fund		8,435
*	Nationwide Variable Insurance Trust	Investor Destinations Moderately Aggressive II Fund		3,819
*	Nationwide Variable Insurance Trust	Macquarie VIP Asset Strategy Class Serv		1,234
*	Nationwide Variable Insurance Trust	Jacobs Levy Large Cap Growth Fund		26,443
*	Nationwide Variable Insurance Trust	Janus Aspen Overseas Service Fund		12,965
*	Nationwide Variable Insurance Trust	MFS Value Series Service Fund		21,972
*	Nationwide Variable Insurance Trust	Mid Cap Index I Fund		13,013
*	Nationwide Variable Insurance Trust	Multi-Manager Small Company I Fund		24,380
*	Nationwide Variable Insurance Trust	Neuberger Berman Multi-Cap Opportunities I Fund		55,183
*	Nationwide Variable Insurance Trust	BNY Mellon Dynamic U.S. Equity Income Fund Class X		715
*	Nationwide Variable Insurance Trust	Real Estate I Fund		17,246
	Total Insurance Companies' Separate Accounts			18,010,773
Insurance Companies' General Accounts				
*	Ameriprise	Fixed Account		27,903
*	MassMutual	General Account		64,033
*	Mutual of America	Interest Accumulation Account		1,644,143
*	Nationwide Investments	Fixed Account		2,767
	Total Insurance Companies' General Accounts			1,738,846
	Total			\$ 20,727,733

*Denotes a party in interest.

**Cost information has been omitted for participant-directed investments.

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403(b) Thrift Plan of Community Care Alliance

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

EIN: 05-0312278 Plan Number: 003

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(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
Variable Annuities:				
*	Ameriprise	Columbia Vp Disciplined Core Fund		\$ 125,236
*	Ameriprise	Columbia Vp Dividend Opportunity Fd		58,352
*	Ameriprise	Columbia Vp Govt Money Market Fund		17,074
*	Ameriprise	Columbia Vp Large Cap Growth Fund		23,171
*	Ameriprise	Columbia Vp Overseas Core Fund		53,947
*	Ameriprise	Put Vt Sustn Lead		88,533
*	Ameriprise	Putnam Vt Sustainable Leaders Fd		25,671
*	Ameriprise	Vp -- Moderate Portfolio		86,324
*	Ameriprise	Vp Us Flexible Growth Fund		61,531
	Total Variable Annuities			539,839
Mutual Funds:				
*	MFS Investment Management	Aggressive Growth Allocation Fund A		96,603
*	MFS Investment Management	Growth Allocation Fund A		213,609
*	MFS Investment Management	Moderate Allocation Fund A		128,063
	Total Mutual Funds			438,275
Insurance Companies' Separate Accounts:				
*	Mutual of America	Aggressive Allocation Fund		192,026
*	Mutual of America	Conservative Allocation Fund		461,189
*	Mutual of America	Moderate Allocation Fund		1,927,282
*	Mutual of America	American Bond Fund		540,555
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio		243,219
*	Mutual of America	Composite Fund		181
*	Mutual of America	Calvert VP SRI Balanced Portfolio		348,941
*	Mutual of America	Delaware VIP Small Cap Value Series		1,550
*	Mutual of America	Equity Index Fund		555,721
*	Mutual of America	Fidelity VIP Mid Cap Portfolio		236,394
*	Mutual of America	Fidelity VIP Asset Manager Portfolio		84,591
*	Mutual of America	Fidelity VIP Contrafund Portfolio		342,614
*	Mutual of America	Fidelity VIP Equity-Income Portfolio		54,289
*	Mutual of America	Goldman Sachs VIT US Equity Insights		1,053
*	Mutual of America	Goldman Sachs VIT Small Cap Eq Insights		295
*	Mutual of America	American Funds IS New World Fund		743
*	Mutual of America	Money Market Fund		2,576
*	Mutual of America	Mid-Term Bond Fund		94,912
*	Mutual of America	Mid-Cap Equity Index		285,567
*	Mutual of America	MFS VIT III Mid Cap Value Portfolio		1,705
*	Mutual of America	Mid Cap Value Fund		31,489
*	Mutual of America	Neuberger Berman AMT Sustainable Equity		5,498
*	Mutual of America	International Fund		74,345

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403(b) Thrift Plan of Community Care Alliance

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

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*	Mutual of America	Invesco V.I. Main Street		2,281
*	Mutual of America	Retirement Income Fund		99,597
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio		50,491
*	Mutual of America	PIMCO VIT Real Return Portfolio		10,452
*	Mutual of America	Victory RS Small Cap Growth Equity VIP		2,857
*	Mutual of America	2015 Retirement Fund		12,114
*	Mutual of America	2020 Retirement Fund		1,392,652
*	Mutual of America	2025 Retirement Fund		1,421,890
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