

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>EDEN HOME, INC CAFETERIA PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>504</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EDEN HOME, INC</u> <u>EDEN HOME COMMUNITIES</u> <u>631 LAKEVIEW BLVD</u> <u>NEW BRAUNFELS, TX 78130-4017</u></p>	<p>1c Effective date of plan <u>04/01/1996</u></p> <p>2b Employer Identification Number (EIN) <u>74-1143030</u></p> <p>2c Plan Sponsor's telephone number <u>830-625-6291</u></p> <p>2d Business code (see instructions) <u>623000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/10/2025	JILL WILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	88
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)	88
	6a(2)	86
	6b	
	6c	
	6d	86
	6e	
	6f	86
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

2024

NAME	POSITION ID	Dental Total	Medical Total	Vision Total	Grand Total
Barboza, Elizabeth	115577	122.98	1831.19	60.72	2014.89
Barhydt, Brandon	820392		2216.88		2216.88
Barraza, David	590329	9.52	184.74	5.06	199.32
Bell, Aundrevas	383413	135	1376.3		1511.3
Bernstein, Anastasia	161734	57.12	461.88	30.36	549.36
Blackburn, Heather	911374	109.48	2637.87	58.19	2805.54
Bradley, Mary	711987	85.68	2579.58	45.54	2710.8
Bustos-Wences, Jesus	15127	114.24	3303.12	60.72	3478.08
Calderon, Mary	618304	95.2	1539.6	50.6	1685.4
Canales, Denece	570108	324	1596.78	60.72	1981.5
Candanoza, Jeannette	92877	114.24	2752.56		2866.8
Carpenter, Wendy	644227	114.24	10838.88		10953.12
Carrera, Barbara	835417	354.72	12459.84	60.72	12875.28
Cole, Rabecca	883679	297	3062.86	55.66	3415.52
Cook, Janet	155981		1490.97	32.89	1523.86
Cooper, Daniel	535562	61.88	1000.74	32.89	1095.51
Cote, Susan	623627	66.64	1293.18	35.42	1395.24
Cruz, Sarai	513387		3303.12		3303.12
Currie, Sarah	888450	324	3303.12	60.72	3687.84
Curry, Angel Lynette	629130	28.56	461.88	15.18	505.62
Davis, Michelle	353246	135		50.6	185.6
De Los Santos, Melonie	402850	324		60.72	384.72
Deboynton, Dawn	397193	283.5			283.5
Deese, Kenya	432961	27	153.96	5.06	186.02
Delarosa, Roberto	498291	1086.8		164	1250.8
DeLosh, Hailey	529291	38.08	615.84	20.24	674.16
Diamond, Christina	892770	114.24	2216.88	60.72	2391.84
Dixon, Brandon	653647	324	2216.88	60.72	2601.6
Dorr, Michelle	805461	114.24	3303.12	60.72	3478.08
Downey, Deborah	219578	114.24	3303.12	60.72	3478.08
Dreyer, Brandi	810109	712.6	8655.6	109	9477.2
Duka, Cataline	26479			196.8	196.8
Esposito, Arlyn	232144	1304.16	2216.88	196.8	3717.84
Filipek, Sheri	542860	57.12	923.76	30.36	1011.24
Flores, Jennifer Lynn	293342	28.56		15.18	43.74
Ford, Michelle	518954	324	2216.88	60.72	2601.6
Frederick, Matilda	19033	648	1847.52	121.44	2616.96
Fugate, Misty	878182	357.3		54.5	411.8
Gantzer, Sylvia	511310	95.2	1616.55	50.6	1762.35
Garcia, Bethanie	626881	114.24	2216.88	60.72	2391.84
Garcia, Sabrina	700039	76.16	1835.04	40.48	1951.68
Goss, Austin	202419	114.24	2216.88	60.72	2391.84
Gray, Baillie	206873	95.2	2752.6	50.6	2898.4
Guerrero, Jose	506586	216	2202.08	40.48	2458.56
Hacker, Molyne	833494	19.04	752.7	10.12	781.86
Hamilton, Guy	963421	1304.16	9898.08	196.8	11399.04
Herrejon, Maria	114577	114.24	3303.12	60.72	3478.08
Herrera, Nicholas	524606	19.04	395.68	20.24	434.96

Hewitt, Cheyenne	872286	57.12	923.76	30.36	1011.24
Hoekstra, Regan	260566	857.52	2216.88	130.8	3205.2
Huber, Suzanne	334117	54	458.76	10.12	522.88
Hutchison, Michelle	915075	324	1847.52	60.72	2232.24
Ivey, Leonor	513139	324		60.72	384.72
Jackson, Alesia	765759	648	12957.6	121.44	13727.04
Jackson, Teresa	583308	228.48	9032.4	121.44	9382.32
Jennings, Rochelle	619762	254.52	6115.66	101.6	6471.78
Johnson, Lori	495544		1847.52		1847.52
Kappelmann, Kori	342302	180.88	2111.19		2292.07
Kirk, Britnee	766131	19.04		10.12	29.16
Lacey, Nancy	684973	54	307.92	10.12	372.04
Lira, Wendy	127351	47.6	923.7	25.3	996.6
Lomas, Donna	519830	386.3	3839.18	72.42	4297.9
Madero, Norma	674755	857.52	2216.88	130.8	3205.2
Marshall, Jannean	215956	114.24	2216.88	60.72	2391.84
Martinez, Grace	477326		2129.04		2129.04
Martinez, Kathy	159417	324	1774.08	60.72	2158.8
Matalik, Linda	276284	114.24	458.76	60.72	633.72
Mattison, Orine	562196	500.22		76.3	576.52
May, Kelley	261809	114.24	2216.88	60.72	2391.84
May, Theresa	525101		2216.88	60.72	2277.6
Mayberry, Judy M	212391	358.92	1847.4	62.28	2268.6
McAfee, Katelyn Lee	146798	189	1293.18		1482.18
McIlhenny, William	730035	324	2216.88	60.72	2601.6
McLaughlin, Ruben	874269	114.24	2216.88		2331.12
Miller, Jay	797052	9.52	153.96	5.06	168.54
Molinet, Heidi	796946	1304.16	9898.08	196.8	11399.04
Moss, David	953387	171.36	6774.3	91.08	7036.74
Oates, Rita	250925	324	3303.12	60.72	3687.84
Orozco, Rosemary	230460	324	1847.52	60.72	2232.24
Ortegon, Janet	397044	114.24	2216.88	60.72	2391.84
Pineda, Becky	265179	114.24	2129.04	60.72	2304
Pizzuti, Sandra	484059	114.24	2752.56	60.72	2927.52
Quintanilla, Isabel	907202	114.24			114.24
Radtke, Sharon	292197	324	2216.88	60.72	2601.6
Ralston, Thomas	630037	324	1847.52	60.72	2232.24
Reid, Kathy	610948	81	1112.29	15.18	1208.47
Rios, Elizabeth	645945	114.24	2216.88	60.72	2391.84
Rivera, Irene	311942	324	3303.12	58.19	3685.31
Rivera, Maria	291544	114.24	2129.04	60.72	2304
Robles, Angelita	597477	135	1146.9	25.3	1307.2
Rodriguez, Andrea	594752	114.24	1847.52	60.72	2022.48
Rodriguez, Leida	763065	76.16	1835.04	40.48	1951.68
Rodriguez, Valerie	951623	114.24	2216.88	60.72	2391.84
Rodriguez, Xochilt	620424	14.28	230.94	7.59	252.81
Romero, Nicholas	919530	114.24		60.72	174.96
Rubio, Leticia	356098	114.24	3303.12	60.72	3478.08
Sanchez, Isabel	993897	114.24	2216.88	60.72	2391.84
Schaefer-Lunsford, Deborah	454105	114.24	1847.52	121.44	2083.2
Scott, Lacey	939728	1118.06	8520.8		9638.86

Shahan, Sandi	636240	177.36	923.76	65.4	1166.52
Slaughter, Larry	839536	324	2129.04	60.72	2513.76
Slaughter, Tanya	874038	114.24	2129.04	60.72	2304
Smith, Jennifer	756063	114.24	9032.4	60.72	9207.36
Solis, Anita	596174			60.72	60.72
Sotelo Deleon, Priscilla Ann	739163	171.36	6774.3	91.08	7036.74
Tellus, Laura	184367		307.92	10.12	318.04
Thomas, Christine	612740	324	2752.56	60.72	3137.28
Thomas, John	998680	47.6	923.7		971.3
Torres, Abigail	101111	71.46		5.06	76.52
Towne, Celena	748104	87.32		32.8	120.12
Trevino, Richard	936688	324	2216.88	60.72	2601.6
Valdez, Anita	942206	324	2216.88	60.72	2601.6
Ward, Romi	24158	857.52		130.8	988.32
Williams, Lauren	661702	243	1385.64	45.54	1674.18
Williams, Shanna	900673	66.64	1605.66	35.42	1707.72
Wilson, Jill	960858	324	9538.8	60.72	9923.52
Wommack, Travis	514766	1304.16	4438.24		5742.4
Yzaguirre, Sandra	473359		2216.88	60.72	2277.6
Grand Total		27796.26	289599.46	6347.93	323743.65